


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90050 046 ****61.25

DOCUMENT # 726456							
1. Entity Name ISLAND HOUSE OWNERS ASSOCIATION, INC.							
Principal Place of Business 2050 OLEANDER BLVD RECREATION BLDG FT. PIERCE, FL 34950		Mailing Address 2050 OLEANDER BLVD RECREATION BLDG FT. PIERCE, FL 34950					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	03172005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1740798			
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HART, ALICE J 2050 OLEANDER BLVD FORT PIERCE, FL 34950			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
<div style="border: 1px solid black; padding: 2px; text-align: center;"> Make check payable to: Florida Department of State </div>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	CH	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HART, ALICE		NAME				
STREET ADDRESS	2050 OLEANDER BLVD BLDG #5-#202		STREET ADDRESS				
CITY-ST-ZIP	FT PIERCE, FL 34950		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	O'NEIL, WILLIAM		NAME				
STREET ADDRESS	2050 OLEANDER BLVD 3-204		STREET ADDRESS				
CITY-ST-ZIP	FT PIERCE, FL 34950		CITY-ST-ZIP				
TITLE	CO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PAVEY, CHRISTOPHER		NAME				
STREET ADDRESS	2050 OLEANDER BLVD. 7-302		STREET ADDRESS				
CITY-ST-ZIP	FT PIERCE, FL 34950		CITY-ST-ZIP				
TITLE	S/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	THOMPSON, JOHN M		NAME				
STREET ADDRESS	2050 OLEANDER BLVD 7-301		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HYLICK, JACK		NAME				
STREET ADDRESS	2050 OLEANDER BLVD 11-105		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VADAS, LORETTA		NAME				
STREET ADDRESS	2050 OLEANDER BLVD 9-201		STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>M. John Thompson</u>			Date: <u>24 March 2005</u> 772-466-2241				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Day/Time Phone #				