


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90013 048 ****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

40048527



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03122008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-1740798

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, EARLE & BONAN, PA
 ROYAL FINANCIAL CENTER
 759 S FEDERAL HWY STE 212
 STUART, FL 34994

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZYAK, STANA	
STREET ADDRESS	20500 OLEANDER BLVD 7-101	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONTALVO, SUE	
STREET ADDRESS	2050 OLEANDER BLVD	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	T	<input type="checkbox"/> Delete
NAME	MASTERS, THOMAS S	
STREET ADDRESS	2050 OLEANDER BLVD 1-104	
CITY-ST-ZIP	FT PIERCE, FL 34950	
TITLE	S	<input type="checkbox"/> Delete
NAME	SYPOLT, STUART	
STREET ADDRESS	2050 OLEANDER BLVD 9-101	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Earle Bonan **3-14-08** **408-3001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #