2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726456

FILED Apr 06, 2009 Secretary of State

Entity Name: ISLAND HOUSE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2050 OLEANDER BLVD 430 NW LAKE WHITNEY PLACE RECREATION BLDG PORT SAINT LUCIE, FL 34986 FT. PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

2050 OLEANDER BLVD 430 NW LAKE WHITNEY PLACE RECREATION BLDG PORT SAINT LUCIE, FL 34986 FT. PIERCE, FL 34950

FEI Number: 59-1740798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ZYAK, STANA SYPOLT, STUART Name: Name: 20500 OLEANDER BLVD 7-101 Address: 2050 OLEANDER BLVD 9-101 Address:

City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: FORT PIERCE, FL 34950 Title: Title:

() Delete (X) Change () Addition MONTALVO, SUE Name: MONTALVO, ASUMAN Name: Address: 2050 OLEANDER BLVD Address: 2050 OLEANDER BLVD 5-306 City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: FORT PIERCE, FL 34950

Title: () Delete Title: (X) Change () Addition MASTERS, THOMAS S COKER, PENNY Name: Name:

2050 OLEANDER BLVD 1-104 2050 OLEANDER BLVD 1-204 Address: Address: City-St-Zip: FT PIERCE, FL 34950 City-St-Zip: FT PIERCE, FL 34950

Title: () Delete Title: (X) Change () Addition Name: SYPOLT, STUART Name: NOEL, VENISE

2050 OLEANDER BLVD 9-101 2050 OLEANDER BLVD 9-204 Address: Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: FORT PIERCE, FL 34950

Title: () Delete Title: () Change (X) Addition

NEELEY, NANCY Name: Name:

2050 OLEANDER BLVD 1-202 Address: Address: City-St-Zip: City-St-Zip: FORT PIERCE, FL 34950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART SYPOLT Ρ 04/06/2009