

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726456

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** ISLAND HOUSE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

430 NW LAKE WHITNEY PLACE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

2050 OLEANDER BLVD  
FORT PIERCE, FL 34950 US

**Current Mailing Address:**

430 NW LAKE WHITNEY PLACE  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

2050 OLEANDER BLVD  
FORT PIERCE, FL 34950 US

FEI Number: 59-1740798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSS, EARLE & BONAN, PA  
789 S. FEDERAL HIGHWAY  
SUITE 101  
STUART, FL 34994 US

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

MCCARTY, JAMES H JR  
926 NW 13TH STREET  
GAINESVILLE, FL 32601 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: JAMES H MCCARTY JR

01/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SYPOLT, STUART  
Address: 2050 OLEANDER BLVD 9-101  
City-St-Zip: FORT PIERCE, FL 34950

Title: VD  
Name: SMITH, ALLEN  
Address: 2050 OLEANDER BLVD 2-101  
City-St-Zip: FORT PIERCE, FL 34950

Title: TD  
Name: RUNTE, JIM  
Address: 2050 OLEANDER BLVD 11-208  
City-St-Zip: FT PIERCE, FL 34950

Title: SD  
Name: MILLER, NORMA  
Address: 2050 OLEANDER BLVD 9-208  
City-St-Zip: FORT PIERCE, FL 34950

Title: D  
Name: MCGUIRE-FESSEL, CAROL  
Address: 2050 OLEANDER BLVD 2-201  
City-St-Zip: FORT PIERCE, FL 34950

Title: D  
Name: NEELEY, NANCY  
Address: 2050 OLEANDER BLVD 1-202  
City-St-Zip: FORT PIERCE, FL 34950

I hereby 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 all other like empowered.

SIGNATURE: ALLEN SMITH

V

01/17/2012

Electronic Signature of Signing Officer or Director

Date