

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathew  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

JULY - 1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N24496** (4)  
1. Corporation Name  
**ISLAND NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**2389 TREASURE ISLE DR PALM BCH GARDENS FL 33410** **2389 TREASURE ISLE DR PALM BCH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **01/26/1988** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0054018** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PARENT, ARTHUR  
MARINER'S COVE ISLAND HOMEOWNERS  
2389 TREASURE ISLE DR  
PALM BCH GDNS FL 33410**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of person named in registered agent and title 1, above) (Signature of Registered Agent (signature required when registering) (Signature of Agent)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>PD HAMEL BOB 13340 MANGROVE ISLE C10 PALM BCH GARDENS FL</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>TD AMANN, PATRICIA 13332 MANGROVE ISLE C11 PALM BCH GARDENS FL</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>SD GENTILE, Tony 13380 MANGROVE ISLE C5 PALM BCH GDNS FL</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	<b>P.D. CRAIG GISHNER 13388 Mangrove Isle Palm Bch Gdn., FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	<b>VP-0 Ronald Domingo 13324 Mangrove Isle Palm Bch Gdn., FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Ann Amann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PATRICIA ANN AMANN**

4-26-95 (407) 848-2770  
Date Telephone