


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24496 (4)
1. Corporation Name
ISLAND NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC



Principal Place of Business 2389 TREASURE ISLE DR PALM BCH GARDENS FL 33410	Mailing Address 2389 TREASURE ISLE DR PALM BCH GARDENS FL 33410
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3. Date Incorporated or Qualified 01/26/1988	Applied For
4. FEI Number 65-0054018	Not Applicable

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
24. Country	29. Zip
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASNER, CRAIG	1.2 NAME	
STREET ADDRESS	13388 MANGROVE ISLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	P/O D'Amico <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMIGO, RONALD	2.2 NAME	
STREET ADDRESS	13324 MANGROVE ISLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTILE, TONY	3.2 NAME	
STREET ADDRESS	13380 MANGROVE ISLE C5	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMANN, PETER	4.2 NAME	
STREET ADDRESS	13332 MANGROVE ISLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, ROBERT	5.2 NAME	
STREET ADDRESS	MANGROVE ISLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **VP** **4-29-98** **561-624-1099**

CP2E037 (10/97)