

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90128 014 ****61.25

DOCUMENT # N24496

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0054018

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARENT, ARTHUR
MARINER'S COVE ISLAND HOMEOWNERS
2389 TREASURE ISLE DR
PALM BCH GDNS FL 33410

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **GLASNER, CRAIG**
 STREET ADDRESS **13388 MANGROVE ISLE**
 CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE Change Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **GENTILE, TONY**
 STREET ADDRESS **13380 MANGROVE ISLE C5**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
 STREET ADDRESS **AMANN, PETER**
 CITY-ST-ZIP **13332 MANGROVE ISLE DR**
PALM BEACH GARDENS FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP Scott Stolla**
 STREET ADDRESS **13412 Mangrove Isle DR**
 CITY-ST-ZIP **Palm Bch. Gdns, FL 33410**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tony Gentile
 4/26/01 561-624-1099
 Date Daytime Phone #

CR2E037 (10/00)