## 2002 UNIFORM BUSINESS REPORT (UBR)

## **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

**FILED** Sep 02, 2002 8:00 am Secretary of State

09-02-2002 90050 045 \*\*\*\*61.25

				I TOOKKEN ALA KERIL AKAK AK	#		
2. Principal Place of Business 3.		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State			Applied For	
Zip Country :			,	65-0054	018	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Des	ired     \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of I	New Registered Agent		
•	÷		Name				
PARENT, ARTHUR MARINER'S COVE ISLAND HOMEOWNERS				Street Address (P.O. Box Number is Not Acceptable)			
2389 TREASURE ISLE DR PALM BCH GDNS FL 33410			City	FL Zip Code		Code	
8. The abov	re named entity submits this statement for	the purpose of changing its	registered office of	or registered agent, or both, in the State		with, and accept	
the obliga	ations of registered agent.				1	,	
		•				ļ	
SIGNATURE	Signature, typed or printed name of registered agent ar	od title if poplicable (NOTE	Pagistared Agent sines	sture required when reinstating)			
		The state of the s	Hegistered Agent signa	naie requireo when reinsaung)	DATE		
After September 13, 2002, 9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees	Make Check Paya Department of S		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	IS IN 10	
TITLE	PD	X Delete	TITLE	President	✓ Cha		
NAME	GLASNER, CRAIG		NAME				
STREET ADDRESS	13388 MANGROVE ISLE		STREET ADDRESS	Strolla, Scott			
CITY-ST-ZIP	PALM BCH GARDENS FL		CITY-ST-ZIP	13412 Mangrove Isle   <del>Palm Beach Gardens</del>	FI 33410		
TITLE	D STATE TOWN	🔀 Delete	TITLE	Vice President	Da Char	nge 🔲 Addition	
NAME STREET ADDRESS	GENTILE, TONY 13380 MANGROVE ISLE C5		NAME	Catalano, Frank			
.CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	ر. در در د	STREET ADDRESS	-13356 Mangrove Isle	p		
TITLE	TD	X Delete	TITLE	Palm Beach Gardens,	_FL33410		
NAME	AMANN, PETER	AJ Delete	NAME	Secretary	Char	nge 🔲 Addition	
STREET ADDRESS	13332 MANGROVE ISLE DR		STREET ADDRESS	Quinn, Janice 13316 Mangrove Isle			
CiTY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP	Palm Beach Gardens,		ĺ	
TITLE	VP	X Delete	TITLE	Treasurer	FI 33410	ige Addition	
NAME	STOLLA, SCOTT		NAME	Amann, Patricia		- Fraction	
STREET ADDRESS	13412 MANSCOVE ISLE DRIVE		STREET ADDRESS	13332 Mangrove Isle			
CITY-ST-ZIP	WEST PALM BEACH FL 33410	,	CITY-ST-ZIP	Palm Beach Gardens,	FL 33410		
TITLE		☐ Delete	TITLE	Director	Chan	ge Addition	
NAME STREET ADDRESS			NAME	Révson, Jennifer	. /	}	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	13340 Mangrove Isle			
	<del> </del>		CITY-ST-ZIP	Palm Beach Gardens,			
TITLE		☐ Delete	TITLE	Director 5	`}   <b>∑</b> Chan	ge 🔲 Addition	

13388 Mangrove I le ! Palm Beach Gardens, FL 12. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

f-20102

Glasner, Craig

561,848-2770