


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90236 028 ****61.25

DOCUMENT # N24496			
1. Entity Name ISLAND NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 2389 TREASURE ISLE DR PALM BCH GARDENS FL 33410		Mailing Address 2400 CENTRE PARK DR. W. 175 WEST PALM BEACH FL 33409	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14021895



MOORE CR2E037 (11/03)

4. FEI Number 65-0054018				Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PARENT, ARTHUR MARINER'S COVE ISLAND HOMEOWNERS 2389 TREASURE ISLE DR PALM BCH GDNS FL 33410			7. Name and Address of New Registered Agent	
			Name Patricia Ann Amann	
			Street Address (P.O. Box Number is Not Acceptable) Mariners Cove Island Homeowners	
			13332 Mangrove Isle Dr.	
			City Palm Beach Gardens, FL	Zip Code FL 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Patricia Ann Amann* Treasurer 4-29-04
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 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P AMANN, PETER T	<input checked="" type="checkbox"/> Delete	TITLE NAME T, D Patricia Ann Amann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13332 MANGROVE ISLE PALM BEACH GARDENS FL 33410		STREET ADDRESS 13332 Mangrove Isle Dr. Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP STROLLA, SCOTT	<input type="checkbox"/> Delete	TITLE NAME S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13412 MANGROVE ISLE PALM BEACH GARDENS FL 33410		STREET ADDRESS S, D	
TITLE NAME S GLAESNER, CRAIG	<input type="checkbox"/> Delete	TITLE NAME P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13388 MANGROVE ISLE PALM BEACH GARDENS FL 33410		STREET ADDRESS P, D	
TITLE NAME T CATALANO, FRANK	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME D Janice Quinn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13356 MANGROVE ISLE PALM BEACH GARDENS FL 33410		STREET ADDRESS 13316 Mangrove Isle Dr. Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D GORDITT, JOHN D JR	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE NAME D Chuck Hathaway	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 13396 MANGROVE ISLE PALM BEACH GARDENS FL 33410		STREET ADDRESS 13380 Mangrove Isle Dr. Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 	<input type="checkbox"/> Delete	TITLE NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 		STREET ADDRESS 	

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: *Patricia Ann Amann, Treas.* 4-29-04 561 848-2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #