


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90017 039 ****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

40054314



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0054018

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMANN, PATRICIA ANN
 MARINERS COVE ISLAND HOMEOWNERS
 13332 MANGROVE ISLE DR.
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|---------------------|-------------------------|------------------------------|-------------------------------------|
| TD | AMANN, PATRICIA ANN | 13332 MANGROVE ISLE DR. | PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> |
| VP | STROLLA, SCOTT | 13412 MANGROVE ISLE | PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> |
| PD | GLAESNER, CRAIG | 13388 MANGROVE ISLE | PALM BEACH GARDENS, FL 33410 | <input checked="" type="checkbox"/> |
| S | SUMMONTE, CHERYL | 13348 MANGROVE ISLE | PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> |
| D | CATALANO, FRANK | 13356 MANGROVE ISLE | PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---|
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07 (561) 799-4072
Date Co./time Phone #