

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24496

FILED
Apr 21, 2009
Secretary of State

Entity Name: ISLAND NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2389 TREASURE ISLE DR
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2400 CENTRE PARK DR. W.
175
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0054018 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ST. JOHN, CORE, FIORE & LEMME
1601 FORUM PLACE
WEST PALM BEACH, FL 33401 US

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: ST. JOHN, CORE, FIORE & LEMME

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: AMANN, PATRICIA ANN
Address: 13332 MANGROVE ISLE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PD () Delete
Name: STROLLA, SCOTT
Address: 13412 MANGROVE ISLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: S () Delete
Name: SUMMONTE, CHERYL
Address: 13348 MANGROVE ISLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD () Delete
Name: CATALANO, FRANK
Address: 13356 MANGROVE ISLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ANN AMANN

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date