

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90067 031 \*\*\*\*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

2389 TREASURE ISLE DR  
PALM BCH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

2400 Centre Park Dr. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

175

City & State

City & State

West Palm Beach

4. FEI Number **65-0054018**

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

33409

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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. 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

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STROLLA, SCOTT</b> <b>13412 MANGROVE ISLE</b> <b>PALM BEACH GARDENS FL 33410</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CATALANO, FRANK</b> <b>13356 MANGROVE ISLE</b> <b>PALM BEACH GARDENS FL 33410</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>QUINN, JANICE</b> <b>13316 MANGROVE ISLE</b> <b>PALM BEACH GARDENS FL 33410</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>AMANN, PARTICIA</b> <b>13332 MANGROVE ISLE</b> <b>PALM BEACH GARDENS FL 33410</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REVSON, JENNIFER</b> <b>13340 MANGROVE ISLE</b> <b>PALM BEACH GARDENS FL 33410</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GLASNER, CRAIG</b> <b>13388 MANGROVE ISLE</b> <b>PALM BEACH GARDENS FL 33410</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PETER T. AMANN</b> <b>13332 MANGROVE ISLE</b> <b>PALM BEACH GARDENS, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SCOTT STROLLA</b> <b>13412 MANGROVE ISLE</b> <b>PALM BEACH GARDENS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CRAIG GLASNER</b> <b>13388 MANGROVE ISLE</b> <b>PALM BEACH GARDENS, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FRANK CATALANO</b> <b>13356 MANGROVE ISLE</b> <b>PALM BEACH GARDENS, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN D. CORBITT JR.</b> <b>13396 MANGROVE ISLE</b> <b>PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Peter T. Amann Peter T. AMANN 7/22/03 561-848-2770

CR2E037 (4/03)