

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAR -3 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **257279** (0)

1. Corporation Name
THE ISLAND HOUSE APARTMENTS, INC.

Principal Place of Business Mailing Address
**200 OCEAN LANE DR
KEY BISCAVAYNE FL 33149-1419** **200 OCEAN LANE DR
KEY BISCAVAYNE FL 33149-1419**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		03/23/1962	03/15/1994
22		27		4. FEI Number	Applied For
23		28		59-1025684	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OSTROSKI, JOSEPH T. M 200 OCEAN LANE DR. KEY BISCAVAYNE FL 33149				81 Name	NORMAN SCHATZ, MD		
				82 Street Address (P.O. Box Number is Not Acceptable)	200 OCEAN LANE DRIVE		
				83 City	KEY BISCAVAYNE, FL 33149		
				84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* NOTE: Registered Agent signature required when registering. DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTROSKI, JOSEPH T. M	12 NAME	SCHATZ, NORMAN, MD
STREET ADDRESS	200 OCEAN LANE DRIVE	13 STREET ADDRESS	200 OCEAN LANE DRIVE
CITY - ST - ZIP	KEY BISCAVAYNE FL	14 CITY - ST - ZIP	KEY BISCAVAYNE, FL
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHATZ, NORMAN MD	22 NAME	SHAW, PAT
STREET ADDRESS	200 OCEAN LANE DR	23 STREET ADDRESS	200 OCEAN LANE DRIVE
CITY - ST - ZIP	KEY BISCAVAYNE FL	24 CITY - ST - ZIP	KEY BISCAVAYNE, FL
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAID, JOHN	32 NAME	NEWCOMM, SALLY
STREET ADDRESS	200 OCEAN LANE DRIVE	33 STREET ADDRESS	200 OCEAN LANE DRIVE
CITY - ST - ZIP	KEY BISCAVAYNE FL	34 CITY - ST - ZIP	KEY BISCAVAYNE, FL
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANCE, JERRY	42 NAME	WAID, JOHN
STREET ADDRESS	200 OCEAN LANE DRIVE	43 STREET ADDRESS	200 OCEAN LANE DRIVE
CITY - ST - ZIP	KEY BISCAVAYNE FL	44 CITY - ST - ZIP	KEY BISCAVAYNE, FL
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, THOMAS J. J	52 NAME	
STREET ADDRESS	200 OCEAN LANE DRIVE	53 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAVAYNE FL	54 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath by the officer or director of the corporation or the executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, if checked, or on an attachment with it.

SIGNATURE: *[Signature]* 2-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR