

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

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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.

3. Date incorporated or Qualified <b>03/23/1962</b>	3a. Date of Last Report <b>03/15/1994</b>
4. FEI Number <b>59-1025684</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent  
**OSTROSKI, JOSEPH T. M  
200 OCEAN LANE DR.  
KEY BISCAVAYNE FL 33149**

10. Name and Address of New Registered Agent  
81 Name  
**NORMAN SCHATZ, MD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**200 OCEAN LANE DRIVE**  
83  
**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P OSTROSKI, JOSEPH T. M 200 OCEAN LANE DRIVE KEY BISCAVAYNE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS SCHATZ, NORMAN MD 200 OCEAN LANE DR KEY BISCAVAYNE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WAID, JOHN 200 OCEAN LANE DRIVE KEY BISCAVAYNE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRANCE, JERRY 200 OCEAN LANE DRIVE KEY BISCAVAYNE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'BRIEN, THOMAS J. J 200 OCEAN LANE DRIVE KEY BISCAVAYNE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>P SCHATZ, NORMAN, MD 200 OCEAN LANE DRIVE KEY BISCAVAYNE, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<b>VP SHAW, PAT 200 OCEAN LANE DRIVE KEY BISCAVAYNE, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<b>S &amp; TS NEWCOMM, SALLY 200 OCEAN LANE DRIVE KEY BISCAVAYNE, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<b>D WAID, JOHN 200 OCEAN LANE DRIVE KEY BISCAVAYNE, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 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 of this report, or on an attachment thereto.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-95