

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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 BISCAYNE FL 33149-1419

200 OCEAN LANE DR  
KEY BISCAYNE FL 33149-1419

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/23/1962

3a. Date of Last Report  
03/03/1995

4. FEI Number

59-1025684

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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

Yes No

10. Name and Address of New Registered Agent

SCHATZ, NORMAN  
2655 LEJEUNE ROAD, SUITE 1101  
CORAL GABLES FL 33134

81 Name

SCHATZ, NORMAN

82 Street Address (P.O. Box Number is Not Acceptable)

200 Ocean Lane Drive

83

Key Biscayne, 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 typed or printed name of registered agent and the corporation

(If the Registered Agent signature required when filing this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SCHATZ, NORMAN  
STREET ADDRESS 200 OCEAN LANE DRIVE  
CITY-STATE-ZIP KEY BISCAYNE FL

DELETE

TITLE TS  
NAME SCHATZ, NORMAN MD  
STREET ADDRESS 200 OCEAN LANE DR  
CITY-STATE-ZIP KEY BISCAYNE FL

DELETE

TITLE VP  
NAME WAID, JOHN  
STREET ADDRESS 200 OCEAN LANE DRIVE  
CITY-STATE-ZIP KEY BISCAYNE FL

DELETE

TITLE D  
NAME WAID, JOHN  
STREET ADDRESS 200 OCEAN LANE DRIVE  
CITY-STATE-ZIP KEY BISCAYNE FL

DELETE

TITLE D  
NAME O'BRIEN, THOMAS J. J  
STREET ADDRESS 200 OCEAN LANE DRIVE  
CITY-STATE-ZIP KEY BISCAYNE FL

DELETE

TITLE VP  
NAME SHAW, PAT  
STREET ADDRESS 200 OCEAN LANE DR  
CITY-STATE-ZIP KEY BISCAYNE FL

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3-1396

805-361-5451

CR2E034 (12/95)