

**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  
**200 OCEAN LANE DR  
KEY BISCAYNE FL 33149-1419**

Mailing Address  
**200 OCEAN LANE DR  
KEY BISCAYNE FL 33149-1419**

3. Date Incorporated or Qualified  
**03/23/1962**

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

4. FEI Number  
**59-1025684**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
**SCHATZ, NORMAN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**200 Ocean Lane Drive**

83 City, State, Zip  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent (and the corporation) (If State Registered Agent signature required when filing this)

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHATZ, NORMAN</b>	
STREET ADDRESS	<b>200 OCEAN LANE DRIVE</b>	
CITY-STATE-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHATZ, NORMAN MD</b>	
STREET ADDRESS	<b>200 OCEAN LANE DR</b>	
CITY-STATE-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WAID, JOHN</b>	
STREET ADDRESS	<b>200 OCEAN LANE DRIVE</b>	
CITY-STATE-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WAID, JOHN</b>	
STREET ADDRESS	<b>200 OCEAN LANE DRIVE</b>	
CITY-STATE-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>O'BRIEN, THOMAS J. J</b>	
STREET ADDRESS	<b>200 OCEAN LANE DRIVE</b>	
CITY-STATE-ZIP	<b>KEY BISCAYNE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAW, PAT</b>	
STREET ADDRESS	<b>200 OCEAN LANE DR</b>	
CITY-STATE-ZIP	<b>KEY BISCAYNE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GOULD, CLIFFORD</b>	
2.3 STREET ADDRESS	<b>200 Ocean Lane Drive</b>	
2.4 CITY-STATE-ZIP	<b>Key Biscayne, FL</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>NEWCOMM, SALLY</b>	
3.3 STREET ADDRESS	<b>200 Ocean Lane Drive</b>	
3.4 CITY-STATE-ZIP	<b>Key Biscayne, FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do 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)(k), 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **PRESIDENT** **3-13-96** **305-301-5451**  
DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (12/95)