FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 257279

(0)

Mailing Address

THE ISLAND HOUSE APARTMENTS, INC.

Mar 12 1997 8:00am
Secretary of State

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200 OCEAN LANE DR KEY BISCAYNE FL 33149-1419		200 OCEAN LANE DR KEY BISCAYNE FL 33149-1461						
					3. Date Incorporated or Qualified 03/23/1962	3a. Date of Last Repo 03/19/1996	ort	
	Place of Business	2a. Mailing Address			4. FEI Number	Applie		
21		26			59-1025684		pplicable	
Suite, Api 22	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Add Fee Requi		
City & Sta 23	etc	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Ma Added to F		
Zip 24	Country 25	Ζφ 29	Countr 30	У	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes		
	Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Agent		
	HATZ, NORMAN		81	Name			ĺ	
-	O OCEAN LANE DRIVE Y BISCAYNE FL 33149		8:	Street /	Address (P.O. Box Number is Not Acceptab	le)		
			8:	3				
			8	City		FL 85 Zip Cod	ie	
11. Pursuan	I to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	ites, the abor	ve-named	corporation submits this statement for the p	purpose of changing its re	gistered	
office or	registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida. Such change was	authorized t	ov the cord	poration's board of directors. I hereby accept	ot the appointment as reg	istered	
		anguloris of, occitor cor coco, r	MANA CIAILI		•			
SIGNATURE	Sugnicine type of or puriting name of registered	agent and title if applicable. (NC	TE Registered A	gent signature	required when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS I	N 12	
THUE	P	DELETE	1.1 TITLE			Change	Addition	
NAME	SCHATZ, NORMAN		1.2 NAME	:				
STHEE! ADDRESS			1.3 STRE	T ADDRESS				
CHY-ST ZIP	KEY BISCAYNE FL		1.4 CITY	ST-ZIP				
TITLE	1	☐ DELETE	2.1 TITLE		S	Change [Addition	
NAME	COULD, CLIFFORD		2 2 NAME					
STREET ADDRESS			2 3 STREE	et address				
CITY -ST - 7#1	KEY BISCAYNE FL		2 4 CITY	-ST-ZIP				
TIFLE	S	DELETE	3 1 TITLE		AS	Change 🗜	Addition	
NAME	NEWCOMM, SALLY		3.2 NAM		Pamela Connell			
SPREET ADDRESS		•	3.3 STREE	ET ADDRESS	200 Ocean Lane Dri			
CITY+ST-7₽	KEY BISCAYNE FL		3.4 CITY	-ST-ZIP	Key Biscayne, FL	33149		
TITLE	D	≥ DELETE	4.1 TITLE		T	Change	Addition	
NAME	WAID, JOHN		4. 2 NAM	E	James Logue			
STHEFT ADDRESS			4.3 STRE	ET ADDRESS	200 Ocean Lane Dri			
Citty - ST- 7IP	KEY BISCAYNE FL		4.4 CITY	ST-ZIP	Key Biscayne, Fl	33149		
TITLE	VP	DELETE	5.1 TITLE			Change	Addition	
NAME	SHAW, PAT		5.2 NAMI					
STREET ADDRESS			5.3 STRE	et address				
CITY-ST-ZIF	KEY BISCAYNE FL		5.4 DITY				7	
1:TLE		☐ DELETE	6.1 TITLE			Change L] Addition	
NAME			62 NAM					
STREET ADDRESS	:		B B	ET ADDRESS				
CITY-ST ZIP			6 4 CITY	-ST-ZIP				

14. I do 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 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: CHILL SOUND SECRETARY IN EDISGRATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Consolination States

305-36/-575/ Daytime Phone #