

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

FILED

**Mar 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33149-1461
--	--

3. Date Incorporated or Qualified 03/23/1962	3a. Date of Last Report 03/19/1996
4. FEI Number 59-1025684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State Zip Country	24. City & State Zip Country

9. Name and Address of Current Registered Agent

**SCHATZ, NORMAN
200 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHATZ, NORMAN		1.2 NAME	
STREET ADDRESS 200 OCEAN LANE DRIVE		1.3 STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE FL		1.4 CITY - ST - ZIP	
TITLE T	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COULD, CLIFFORD		2.2 NAME	
STREET ADDRESS 200 OCEAN LANE DRIVE		2.3 STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE FL		2.4 CITY - ST - ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NEWCOMM, SALLY		3.2 NAME	
STREET ADDRESS 200 OCEAN LANE DRIVE		3.3 STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE FL		3.4 CITY - ST - ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WAID, JOHN		4.2 NAME	
STREET ADDRESS 200 OCEAN LANE DRIVE		4.3 STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE FL		4.4 CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAW, PAT		5.2 NAME	
STREET ADDRESS 200 OCEAN LANE DR		5.3 STREET ADDRESS	
CITY - ST - ZIP KEY BISCAYNE FL		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 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: *Cliff Gould* SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cliff Gould 305-361-5451
Date Daytime Phone #

CR2E034 (9/96)