

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90011 012 \*\*\*150.00

**DOCUMENT # 257279**

1. Entity Name

**THE ISLAND HOUSE APARTMENTS, INC.**

Principal Place of Business

Mailing Address

200 OCEAN LANE DR  
 KEY BISCAIYNE FL 33149-1419

200 OCEAN LANE DR  
 KEY BISCAIYNE FL 33149-1461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1025684**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, ANGELA L**  
**200 OCEAN LANE DR**  
**KEY BISCAIYNE FL 33149**

Name

**Anne Bower**

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

**200 Ocean Lane Drive**

**Key Biscayne, Fl 33149**

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSTROSKI, JOSEPH</b>	NAME	<b>Ostroski, Joseph</b>
STREET ADDRESS	<b>200 OCEAN LANE DRIVE</b>	STREET ADDRESS	<b>200 Ocean Lane Drive</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	CITY-ST-ZIP	<b>Key Biscayne, Fl</b>
TITLE	P <input type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, ANTHONY</b>	NAME	<b>Gonzalez, Anthony</b>
STREET ADDRESS	<b>200 OCEAN LANE DRIVE</b>	STREET ADDRESS	<b>200 Ocean Lane Drive</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	CITY-ST-ZIP	<b>Key Biscayne, Fl</b>
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GONZALEZ, ANGELA L</b>	NAME	<b>Bower, Anne</b>
STREET ADDRESS	<b>200 OCEAN LANE DR</b>	STREET ADDRESS	<b>200 Ocean Lane Drive</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	CITY-ST-ZIP	<b>Key Biscayne, Fl</b>
TITLE	T <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REED, DANIEL</b>	NAME	<b>Corcoran, Robert</b>
STREET ADDRESS	<b>200 OCEAN LANE DRIVE</b>	STREET ADDRESS	<b>200 Ocean Lane Drive</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	CITY-ST-ZIP	<b>Key Biscayne, Fl</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERG, DONALD</b>	NAME	<b>Berg, Donald</b>
STREET ADDRESS	<b>200 OCEAN LANE DR</b>	STREET ADDRESS	<b>200 Ocean Lane Drive</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	CITY-ST-ZIP	<b>Key Biscayne, Fl</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*ANNE BOWER* **REQUIR ANNET. BOWER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/13/00 305-361-5471**

Daytime Phone #

CR2E034 (9/99)