

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90220 047 ***150.00

DOCUMENT # 257279

1. Entity Name
THE ISLAND HOUSE APARTMENTS, INC.

Principal Place of Business Mailing Address
200 OCEAN LANE DR **200 OCEAN LANE DR**
KEY BISCAYNE FL 33149-1419 **KEY BISCAYNE FL 33149-1419**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1025684** Applied For
 Not Applicable

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

BOWER, ANNE
200 OCEAN LANE DR
KEY BISCAYNE FL 33149

Name **SKRLD, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 1102
 City **Coral Gables** **FL** Zip Code **33134**

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 **SKRLD, Inc. by Lisa A. Lerner** *Lisa A. Lerner*, Secretary 1/11/01
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, 2001 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**

TITLE **P** Delete
 NAME **OSTROSKI, JOSEPH**
 STREET ADDRESS **200 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **GONZALEZ, ANTHONY**
 STREET ADDRESS **200 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **T** Change Addition
 NAME **THOMAS O'BRIEN**
 STREET ADDRESS **200 OCEAN LANE DR. # 409**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **S** Delete
 NAME **BOWER, ANNE**
 STREET ADDRESS **200 OCEAN LANE DR**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **CORCORAN, ROBERT**
 STREET ADDRESS **200 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **VP** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **BERG, DONALD**
 STREET ADDRESS **200 OCEAN LANE DR**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **D** Change Addition
 NAME **IRENE ERIKSON**
 STREET ADDRESS **200 OCEAN LN DR. # 402**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Joseph Ostroski* 2/20/01 305.665.2147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)