

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 257279

1. Entity Name
THE ISLAND HOUSE APARTMENTS, INC.

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

03-15-2001 90220 047 ***150.00

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

Mailing Address
200 OCEAN LANE DR
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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE VP
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE D
NAME IRVING ERIKSON
STREET ADDRESS 200 OCEAN LANE DR. # 402
CITY-ST-ZIP KEY BISCAYNE, FL 33149 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)