


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90735 049 \*\*\*150.00

<b>DOCUMENT # 257279</b>					
1. Entity Name <b>THE ISLAND HOUSE APARTMENTS, INC.</b>					
Principal Place of Business <b>200 OCEAN LANE DR KEY BISCAIYNE, FL 33149-1419</b>			Mailing Address <b>200 OCEAN LANE DR KEY BISCAIYNE, FL 33149-1419</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1025684</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		<b>FL</b>
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OSTROSKI, JOSEPH</b>		NAME		
STREET ADDRESS	<b>200 OCEAN LANE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LARUSSE, LAWRENCE</b>		NAME	<b>T BOWER ANNE</b>	
STREET ADDRESS	<b>200 OCEAN DRIVE #508</b>		STREET ADDRESS	<b>300 OCEAN LANE DRIVE #603</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>		CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOWER, ANNE</b>		NAME	<b>S FLAVIA MARPLES LANE</b>	
STREET ADDRESS	<b>200 OCEAN LANE DR</b>		STREET ADDRESS	<b>200 OCEAN LANE DRIVE #502</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL</b>		CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CORCORAN, ROBERT</b>		NAME		
STREET ADDRESS	<b>200 OCEAN LANE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARPLES LANE, FLAVIA</b>		NAME	<b>D LAWRENCE LARUSSE</b>	
STREET ADDRESS	<b>200 OCEAN LANE DRIVE #502</b>		STREET ADDRESS	<b>200 OCEAN LANE DRIVE #508</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>		CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Robert Corcoran</i></u>		<b>4/7/04</b>		<b>361.5451</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	