


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90735 049 ***150.00

DOCUMENT # 257279					
1. Entity Name THE ISLAND HOUSE APARTMENTS, INC.					
Principal Place of Business 200 OCEAN LANE DR KEY BISCAIYNE, FL 33149-1419			Mailing Address 200 OCEAN LANE DR KEY BISCAIYNE, FL 33149-1419		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1025684	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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. 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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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	OSTROSKI, JOSEPH		NAME		
STREET ADDRESS	200 OCEAN LANE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARUSSE, LAWRENCE		NAME	BOWER ANNE	
STREET ADDRESS	200 OCEAN DRIVE #508		STREET ADDRESS	300 OCEAN LANE DRIVE #603	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, ANNE		NAME	FLAVIA MARPLES LANE	
STREET ADDRESS	200 OCEAN LANE DR		STREET ADDRESS	200 OCEAN LANE DRIVE #502	
CITY-ST-ZIP	KEY BISCAIYNE, FL		CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCORAN, ROBERT		NAME		
STREET ADDRESS	200 OCEAN LANE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARPLES LANE, FLAVIA		NAME	LAWRENCE LARUSSE	
STREET ADDRESS	200 OCEAN LANE DRIVE #502		STREET ADDRESS	200 OCEAN LANE DRIVE #508	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
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>Robert Corcoran</u>		Date: <u>4/7/04</u>		Daytime Phone #: <u>361-5451</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	