


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90355 050 \*\*\*150.00

**DOCUMENT # 257279**

1. Entity Name  
 THE ISLAND HOUSE APARTMENTS, INC.



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

Mailing Address  
 200 OCEAN LANE DR  
 KEY BISCAYNE, FL 33149-1419

20049451



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

03032005 Chg-P CR2E034 (10/03)

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	NAME OSTROSKI, JOSEPH STREET ADDRESS 200 OCEAN LANE DRIVE CITY-ST-ZIP KEY BISCAYNE, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T <input type="checkbox"/> Delete	NAME BOWER, ANNE STREET ADDRESS 200 OCEAN LANE DRIVE #603 CITY-ST-ZIP KEY BISCAYNE, FL 33149	TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ALAN DALE MOBLEY STREET ADDRESS 200 OCEAN LANE DRIVE #308 CITY-ST-ZIP Key Biscayne, FL 33149
TITLE D <input type="checkbox"/> Delete	NAME LARUSSE, LAWRENCE STREET ADDRESS 200 OCEAN LANE DR CITY-ST-ZIP KEY BISCAYNE, FL	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PAUL LEWIS STREET ADDRESS 200 OCEAN LANE DRIVE #302 CITY-ST-ZIP KEY BISCAYNE, FL 33149
TITLE VP <input type="checkbox"/> Delete	NAME CORCORAN, ROBERT STREET ADDRESS 200 OCEAN LANE DRIVE CITY-ST-ZIP KEY BISCAYNE, FL 33149	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME ANNE BOWER STREET ADDRESS 200 OCEAN LANE DRIVE #603 CITY-ST-ZIP KEY BISCAYNE, FL 33149
TITLE S <input type="checkbox"/> Delete	NAME MARPLES LANE, FLAVIA STREET ADDRESS 200 OCEAN LANE DRIVE #502 CITY-ST-ZIP KEY BISCAYNE, FL 33149	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Ostroski* DATE: 4/21/05 DAYTIME PHONE #: 305/361-5451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR