

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**


04-28-2006 90213 025 \*\*\*150.00

**50016902**



**DOCUMENT # 257279**

1. Entity Name  
 THE ISLAND HOUSE APARTMENTS, INC.



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

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

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

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

City & State

Zip Country

04132006 Chg-P CR2E034 (11/05)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	OSTROSKI, JOSEPH	
STREET ADDRESS	200 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAVNE, FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOBLEY, ALAN D	
STREET ADDRESS	200 OCEAN LANE DRIVE, #308	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, PAUL	
STREET ADDRESS	200 OCEAN LANE DRIVE, #302	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWER, ANNE	
STREET ADDRESS	200 OCEAN LANE DR, #603	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARPLES LANE, FLAVIA	
STREET ADDRESS	200 OCEAN LANE DRIVE #502	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAYTHORNE, BRIAN	
STREET ADDRESS	200 OCEAN LANE DRIVE, #PB-8	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, ANNE	
STREET ADDRESS	200 OCEAN LANE DR, # 603	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARPLES LANE, FLAVIA	
STREET ADDRESS	200 OCEAN LANEDDR, # 502	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_