

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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


04-28-2006 90213 025 ***150.00

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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 # _____