

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 257279

FILED  
Feb 01, 2012  
Secretary of State

**Entity Name:** THE ISLAND HOUSE APARTMENTS, INC.

**Current Principal Place of Business:**

200 OCEAN LANE DR  
MANAGEMENT OFFICE  
KEY BISCAVNE, FL 331491419

**New Principal Place of Business:**

200 OCEAN LANE DR  
MANAGEMENT OFFICE  
KEY BISCAVNE, FL 331491419 US

**Current Mailing Address:**

200 OCEAN LANE DR  
MANAGEMENT OFFICE  
KEY BISCAVNE, FL 331491461 US

**New Mailing Address:**

**FEI Number:** 59-1025684      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OSTROSKI, JOSEPH T MD  
Address: 200 OCEAN LANE DRIVE #407  
City-St-Zip: KEY BISCAVNE, FL 33149 US

Title: T  
Name: CRAYTHORNE, BRIAN DR  
Address: 200 OCEAN LANE DRIVE SUITE PB-8  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: D  
Name: LARUSSE, LAWRENCE MR  
Address: 200 OCEAN LANE DRIVE #508  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: VP  
Name: BOWER, ANNE T MS  
Address: 200 OCEAN LANE DR, #603  
City-St-Zip: KEY BISCAVNE, FL 33149

Title: S  
Name: SHAW, PATRICIA L MRS  
Address: 200 OCEAN LANE #509  
City-St-Zip: KEY BISCAVNE, FL 33149

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: OSTROSKI, JOSEPH T., MD

P

02/01/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date