

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726456

Entity Name: ISLAND HOUSE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2050 OLEANDER BLVD
FORT PIERCE, FL 34950

Current Mailing Address:

2050 OLEANDER BLVD
FORT PIERCE, FL 34950 US

FEI Number: 59-1740798

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORNETT, JANE L
401 SE OSCEOLA ST.
FIRST FLOOR
STUART, FL 34994 US

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: JANE CORNETT

04/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SYPOLT, STUART
Address 2050 OLEANDER BLVD.
City-State-Zip: FORT PIERCE FL 34950

Title SECRETARY, DIRECTOR
Name SMITH, ALLEN
Address 2050 OLEANDER BLVD.
City-State-Zip: FORT PIERCE FL 34950

Title PRESIDENT, DIRECTOR
Name RUNTE, JIM
Address 2050 OLEANDER BLVD.
City-State-Zip: FT PIERCE FL 34950

Title VP, DIRECTOR
Name HEAD, WADE
Address 2050 OLEANDER BLVD.
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name NELSON, ERICKA
Address 2050 OLEANDER BLVD.
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR
Name CRESWELL, ROBERT
Address 2050 OLEANDER BLVD.
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR, TREASURER
Name PRICE, DAVID
Address 2050 OLEANDER BLVD.
City-State-Zip: FORT PIERCE FL 34950

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLEN SMITH

SECRETARY

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date