

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726456

**FILED**  
**Apr 11, 2015**  
**Secretary of State**  
**CC6907472908**

**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:**

MCCARTY, JAMES HJR  
2630-A NW 41ST STREET  
GAINESVILLE, FL 32606 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:** \_\_\_\_\_

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 TREASURER, DIRECTOR  
Name DALE, SARA  
Address 2050 OLEANDER BLVD.  
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR  
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**

**04/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date