

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726456

**FILED  
Apr 12, 2013  
Secretary of State  
CC7570891096**

**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  
4131 NW 28TH LANE,  
SUITE 7  
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 TD  
Name SYPOLT, STUART  
Address 2050 OLEANDER BLVD.  
City-State-Zip: FORT PIERCE FL 34950

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

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

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

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

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

Title D  
Name MONTALVO, ASUMAN  
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: JIM RUNTE**

**PRESIDENT**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date