

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24496

**FILED
Mar 02, 2014
Secretary of State
CC0873590963**

Entity Name: ISLAND NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2389 TREASURE ISLE DR
PALM BCH GARDENS, FL 33410

Current Mailing Address:

7264 WEST OAKLAND PARK BLVD
LAUDERHILL, FL 33313

FEI Number: 65-0054018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, PA
1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 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 T S D
Name AMANN, PATRICIA ANN
Address 13332 MANGROVE ISLE DR.
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT
Name STROLLA, SCOTT
Address 13412 MANGROVE ISLE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VPD
Name CATALANO, FRANK
Address 13356 MANGROVE ISLE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D
Name GLAESNER, CRAIG
Address 13388 MANGROVE ISLE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title D
Name REYNOLDS, SHARON
Address 13324 MANGROVE ISLE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name FRANK, TOM J
Address 13364 MANGROVE ISLE DRIVE
City-State-Zip: PALM BEACH GARDENS FL 33410

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: SCOTT STROLLA

PRESIDENT

03/02/2014

Electronic Signature of Signing Officer/Director Detail

Date