

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 07, 2024
Secretary of State
0449999230CC**

DOCUMENT# N24496

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:

C/O HARBOR MANAGEMENT
641 UNIVERSITY BLVD. STE 205
JUPITER, FL 33458 US

FEI Number: 65-0054018

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOLOFF AND MANOFF 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: SCOTT STOLOFF 02/07/2024
Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title	DIRECTOR	Title	VP
Name	AMANN, PATRICIA ANN	Name	TARTER, JEFF
Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458
Title	PRESIDENT	Title	DIRECTOR
Name	CATALANO, FRANK	Name	GARCIA, OSCAR
Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458
Title	TREASURER, SECRETARY	Title	DIRECTOR
Name	STEELE, LORI	Name	FRANKLIN, RONALD
Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458
Title	DIRECTOR	Title	DIRECTOR
Name	REYNOLDS, SHARON	Name	HEBERT, MAYA
Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205	Address	C/O HARBOR MANAGEMENT 641 UNIVERSITY BLVD. STE 205
City-State-Zip:	JUPITER FL 33458	City-State-Zip:	JUPITER FL 33458

Continues on page 2

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: FRANK CATALANO PRESIDENT 02/07/2024
Electronic Signature of Signing Officer/Director Detail Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FRANK, TOM
Address C/O HARBOR MANAGEMENT
 641 UNIVERSITY BLVD. STE 205
City-State-Zip: JUPITER FL 33458