

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24496

**FILED**  
**Feb 11, 2022**  
**Secretary of State**  
**7932980876CC**

**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

02/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title PRESIDENT  
Name TARTER, JEFF  
Address C/O HARBOR MANAGEMENT  
641 UNIVERSITY BLVD. STE 205  
City-State-Zip: JUPITER FL 33458

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

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

Title TREASURER, SECRETARY  
Name STEELE, LORI  
Address C/O HARBOR MANAGEMENT  
641 UNIVERSITY BLVD. STE 205  
City-State-Zip: JUPITER FL 33458

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

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

Title DIRECTOR  
Name GLAESNER, CRAIG  
Address C/O HARBOR MANAGEMENT  
641 UNIVERSITY BLVD. STE 205  
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:** JEFF TARTER

PRESIDENT

02/11/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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