### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24496

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

FILED Mar 06, 2018 Secretary of State CC3055909415

## **Current Principal Place of Business:**

2389 TREASURE ISLE DR PALM BCH GARDENS. FL 33410

# **Current Mailing Address:**

7260 WEST OAKLAND PARK BLVD LAUDERHILL, FL 33313 US

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	TREASURER	Title	DIRECTOR
Name	AMANN, PATRICIA ANN	Name	STROLLA, SCOTT
Address	13332 MANGROVE ISLE DR.	Address	13412 MANGROVE ISLE

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT Title DIRECTOR

NameCATALANO, FRANKNameGLAESNER, CRAIGAddress13356 MANGROVE ISLEAddress13388 MANGROVE ISLE

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR Title D

Name FRANKLIN, RONALD Name CORBITT, JOHN

Address 13316 MANGROVE ISLE Address 13396 MANGROVE ISLE DRIVE

City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP Title SECRETARY
Name GARCIA, OSCAR Name STELE, LORI

Address 13348 MANGROVE ISLE DRIVE Address 13372 MANGROVE ISLE DRIVE # C06
City-State-Zip: PALM BEACH GARDENS FL 33410 City-State-Zip: PALM BEACH GARDENS FL 33410

SIGNATURE: FRANK CATALANO

**PRESIDENT** 

03/06/2018

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.