

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

DOCUMENT# N24496

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

**FILED**  
**Mar 26, 2013**  
**Secretary of State**  
**CC9129695958**

**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 TD  
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**

**03/26/2013**

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

\_\_\_\_\_  
Date