

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24496

**FILED**  
**Feb 12, 2017**  
**Secretary of State**  
**CC3509585497**

**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:**

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  
Name           AMANN, PATRICIA ANN  
Address        13332 MANGROVE ISLE DR.  
City-State-Zip: PALM BEACH GARDENS FL 33410

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

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

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

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

Title           D  
Name           CORBITT, JOHN  
Address        13396 MANGROVE ISLE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           VP  
Name           GARCIA, OSCAR  
Address        13348 MANGROVE ISLE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           DIRECTOR  
Name           STEELE, LORI  
Address        13372 MANGROVE ISLE DRIVE # C06  
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: FRANK CATALANO**

**PRESIDENT**

**02/12/2017**

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

\_\_\_\_\_  
Date