

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24496

FILED
Feb 19, 2021
Secretary of State
0952700595CC

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

02/19/2021

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 DIRECTOR
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 PRESIDENT
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

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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: OSCAR GARCIA

PRESIDENT

02/19/2021

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