

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 257279

Entity Name: THE ISLAND HOUSE APARTMENTS, INC.**Current Principal Place of Business:**200 OCEAN LANE DR
MANAGEMENT OFFICE
KEY BISCAYNE, FL 33149-1419**Current Mailing Address:**200 OCEAN LANE DR
MANAGEMENT OFFICE
KEY BISCAYNE, FL 33149-1461 US**FEI Number:** 59-1025684**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134 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	VP
Name	DALIO, JENNIFER
Address	200 OCEAN LANE DR #108
City-State-Zip:	KEY BISCAYNE FL 33149

Title	SECRETARY
Name	GARCIA, ANDREA
Address	200 OCEAN LANE DR #308
City-State-Zip:	KEY BISCAYNE FL 33149

Title	PRESIDENT
Name	MAGOLNICK, JOEL
Address	200 OCEAN LANE DR #302
City-State-Zip:	KEY BISCAYNE FL 33149

Title	TREASURER
Name	ULLOA, CARLOS
Address	200 OCEAN LANE DR #409
City-State-Zip:	KEY BISCAYNE FL 33149

Title	DIRECTOR
Name	DI TERLIZZI, JORGE
Address	200 OCEAN LANE DR #1107
City-State-Zip:	KEY BISCAYNE FL 33149

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOEL MAGOLNICK**PRESIDENT****02/22/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date