

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 257279

**FILED**  
**Mar 05, 2024**  
**Secretary of State**  
**7571351172CC**

**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 BISCAYE FL 33149

Title SECRETARY  
Name DI TERLIZZI, JORGE  
Address 200 OCEAN LANE DR #1107  
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 PONCE, RICARDO  
Address 200 OCEAN LANE DR #1007  
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**

**03/05/2024**

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

\_\_\_\_\_  
Date