

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 257279

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC6549377762**

**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  
SUITE 1102  
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 P  
Name OSTROSKI, JOSEPH T MD  
Address 200 OCEAN LANE DRIVE #407  
City-State-Zip: KEY BISCAYNE FL 33149

Title T  
Name CRAYTHORNE, BRIAN DR  
Address 200 OCEAN LANE DRIVE SUITE PB-8  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name LARUSSE, LAWRENCE MR  
Address 200 OCEAN LANE DRIVE #508  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name BOWER, ANNE T MS  
Address 200 OCEAN LANE DR, #603  
City-State-Zip: KEY BISCAYNE FL 33149

Title S  
Name SHAW, PATRICIA L MRS  
Address 200 OCEAN LANE #509  
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:** MRS. PATRICIA SHAW

**SECRETARY**

**01/15/2014**

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