## **2013 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 FILED Feb 01, 2013 Secretary of State CC8574892362

## **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

Officer/Director Detail:

Title P Title T

Name OSTROSKI, JOSEPH T MD Name CRAYTHORNE, BRIAN DR

Address 200 OCEAN LANE DRIVE #407 Address 200 OCEAN LANE DRIVE SUITE PB-8

City-State-Zip: KEY BISCAYNE FL 33149 City-State-Zip: KEY BISCAYNE FL 33149

Title D Title VP

Name LARUSSE, LAWRENCE MR Name BOWER, ANNE T MS

Address 200 OCEAN LANE DRIVE #508 Address 200 OCEAN LANE DR, #603

City-State-Zip: KEY BISCAYNE FL 33149 City-State-Zip: KEY BISCAYNE FL 33149

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: JOSEPH T. OSTROSKI, MD

**PRESIDENT** 

02/01/2013

Date