

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 257279

**FILED**  
**Mar 27, 2015**  
**Secretary of State**  
**CC6262986063**

**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            PRESIDENT  
Name            BOWER, ANNE  
Address        200 OCEAN LANE DRIVE #603  
City-State-Zip: KEY BISCAYNE FL 33149

Title            VP  
Name            HARRISON, JOSEPH  
Address        200 OCEAN LANE DRIVE SUITE #602  
City-State-Zip: KEY BISCAYNE FL 33149

Title            TREASURER  
Name            OSTROSKI, JOSEPH DR.  
Address        200 OCEAN LANE DRIVE #407  
City-State-Zip: KEY BISCAYNE FL 33149

Title            SECRETARY  
Name            BLANC, MARGHERITA  
Address        200 OCEAN LANE DR, #206  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            DE ALZAGA DEANE, MONICA  
Address        200 OCEAN LANE #501  
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:** ANNE BOWER

**PRESIDENT**

**03/27/2015**

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

\_\_\_\_\_  
Date