

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90071 042 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 257279

1. Corporation Name  
**THE ISLAND HOUSE APARTMENTS, INC.**

Principal Place of Business  
 200 OCEAN LANE DR  
 KEY BISCAIYNE FL 33149-1419

Mailing Address  
 200 OCEAN LANE DR  
 KEY BISCAIYNE FL 33149-1419



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/23/1962**

4. FEI Number  
**59-1025684**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

9. Name and Address of Current Registered Agent  
**SHAW, PATRICIA L**  
**200 OCEAN LANE DRIVE**  
**KEY BISCAIYNE FL 33149**

10. Name and Address of New Registered Agent  
 81 Name  
**Angela L. Gonzalez**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**200 Ocean Lane Drive**  
 83 Key Biscayne, Fl 33149  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/8/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTROSKI, JOSEPH	1.2 NAME	
STREET ADDRESS	200 OCEAN LANE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COULD, CLIFFORD	2.2 NAME	Anthony Gonzalez
STREET ADDRESS	200 OCEAN LANE DRIVE	2.3 STREET ADDRESS	200 Ocean Lane Drive
CITY-ST-ZIP	KEY BISCAIYNE FL	2.4 CITY-ST-ZIP	Key Biscayne, Fl
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNELL, PAMELA	3.2 NAME	Angela L. Gonzalez
STREET ADDRESS	200 OCEAN LANE DR	3.3 STREET ADDRESS	200 Ocean Lane Drive
CITY-ST-ZIP	KEY BISCAIYNE FL	3.4 CITY-ST-ZIP	Key Biscayne, Fl
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGUE, JAMES	4.2 NAME	Daniel Reed
STREET ADDRESS	200 OCEAN LANE DRIVE	4.3 STREET ADDRESS	200 Ocean Lane Drive
CITY-ST-ZIP	KEY BISCAIYNE FL	4.4 CITY-ST-ZIP	Key Biscayne, Fl
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW, PAT	5.2 NAME	Donald Berg
STREET ADDRESS	200 OCEAN LANE DR	5.3 STREET ADDRESS	200 Ocean Lane Drive
CITY-ST-ZIP	KEY BISCAIYNE FL	5.4 CITY-ST-ZIP	Key Biscayne, Fl
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/8/99** 305 361 5451  
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (11/98)