

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 257279

FILED
Apr 14, 2009
Secretary of State

Entity Name: THE ISLAND HOUSE APARTMENTS, INC.

Current Principal Place of Business:

200 OCEAN LANE DR
KEY BISCAYNE, FL 331491419

New Principal Place of Business:

Current Mailing Address:

200 OCEAN LANE DR
KEY BISCAYNE, FL 331491419

New Mailing Address:

200 OCEAN LANE DR
KEY BISCAYNE, FL 331491461 US

FEI Number: 59-1025684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSTROSKI, JOSEPH
Address: 200 OCEAN LANE DRIVE
City-St-Zip: KEY BISCAYNE, FL

Title: T () Delete
Name: CRAYTHORNE, BRIAN
Address: 200 OCEAN LANE DRIVE SUITE PB-8
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: LARUSSE, LAWRENCE
Address: 200 OCEAN LANE DRIVE #508
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: BOWER, ANNE
Address: 200 OCEAN LANE DR, #603
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: SHAW, PATRICIA
Address: 200 OCEAN LANE #509
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSTROSKI, JOSEPH T
Address: 200 OCEAN LANE DRIVE #407
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BOWER, ANNE T
Address: 200 OCEAN LANE DR, #603
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S (X) Change () Addition
Name: SHAW, PATRICIA L
Address: 200 OCEAN LANE #509
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH T. OSTROSKI, MD

P

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date