


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 713562 1. Entity Name ISLAND HOUSE SOUTHEAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 300 BEACH ROAD TEQUESTA FL 33469		Mailing Address 1930 COMMERCE LANE #1 JUPITER FL 33458 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INGLIS, STEVE 1930 COMMERCE LANE #1 JUPITER FL 33458				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, BEVERLY		NAME		
STREET ADDRESS	300 BEACH RD		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINGO, JANE		NAME		
STREET ADDRESS	300 BEACH ROAD		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEEHAN, JIM		NAME		
STREET ADDRESS	300 BEACH ROAD		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANNON, JOHN		NAME		
STREET ADDRESS	300 BEACH RD		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALAMY, NORMAN		NAME		
STREET ADDRESS	300 BEACH ROAD		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nora Salamy</i>			Date: 2/2/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1211801** Applied For Not Applicable

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

FL Zip Code

U00000221504 Change Addition
02/09/05-80033-019 61.25

Change Addition

Change Addition

Change Addition

Change Addition