


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90050 046 ****61.25

DOCUMENT # 726456 1. Entity Name ISLAND HOUSE OWNERS ASSOCIATION, INC.					
Principal Place of Business 2050 OLEANDER BLVD RECREATION BLDG FT. PIERCE, FL 34950			Mailing Address 2050 OLEANDER BLVD RECREATION BLDG FT. PIERCE, FL 34950		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03172005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1740798				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HART, ALICE J 2050 OLEANDER BLVD FORT PIERCE, FL 34950			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	CH	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HART, ALICE		NAME		
STREET ADDRESS	2050 OLEANDER BLVD BLDG #5-#202		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NEIL, WILLIAM		NAME		
STREET ADDRESS	2050 OLEANDER BLVD 3-204		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	CO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAVEY, CHRISTOPHER		NAME		
STREET ADDRESS	2050 OLEANDER BLVD. 7-302		STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	S/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, JOHN M		NAME		
STREET ADDRESS	2050 OLEANDER BLVD 7-301		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HYLICK, JACK		NAME		
STREET ADDRESS	2050 OLEANDER BLVD 11-105		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VADAS, LORETTA		NAME		
STREET ADDRESS	2050 OLEANDER BLVD 9-201		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		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)(i), 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>M. John Thompson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			24 March 2005 772-466-2241 <small>Date Daytime Phone #</small>		