

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90374 047 ****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**

40051083



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1740798

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 checked="" type="checkbox"/> Delete
NAME	HART, ALICE	
STREET ADDRESS	2050 OLEANDER BLVD BLDG #5-#202	
CITY-ST-ZIP	FT PIERCE, FL 34950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'NEIL, WILLIAM	
STREET ADDRESS	2050 OLEANDER BLVD 3-204	
CITY-ST-ZIP	FT PIERCE, FL 34950	
TITLE	CO	<input checked="" type="checkbox"/> Delete
NAME	PAVEY, CHRISTOPHER	
STREET ADDRESS	2050 OLEANDER BLVD. 7-302	
CITY-ST-ZIP	FT PIERCE, FL 34950	
TITLE	S/T	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JOHN M	
STREET ADDRESS	2050 OLEANDER BLVD 7-301	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HYLICK, JACK	
STREET ADDRESS	2050 OLEANDER BLVD 11-105	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	VADAS, LORETTA	
STREET ADDRESS	2050 OLEANDER BLVD 9-201	
CITY-ST-ZIP	FORT PIERCE, FL 34950	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANICE KAREN BARY	
STREET ADDRESS	2050 OLEANDER BL 3-106	
CITY-ST-ZIP	Fort Pierce, FL 34950	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANA ZYAK	
STREET ADDRESS	2050 OLEANDER 3-101	
CITY-ST-ZIP	Fort Pierce, FL 34950	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORETTA VADAS	
STREET ADDRESS	2050 OLEANDER BL 9-201	
CITY-ST-ZIP	Fort Pierce, FL 34950	
TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY NEELY	
STREET ADDRESS	2050 OLEANDER BL 1-202	
CITY-ST-ZIP	Fort Pierce, FL 34950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

JANICE KAREN BARY *Janice Karen Bary, President* 4-13-06 772-466-2241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #