


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90401 040 ****61.25

DOCUMENT # N24496 1. Entity Name ISLAND NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 2389 TREASURE ISLE DR PALM BCH GARDENS, FL 33410			Mailing Address 2400 CENTRE PARK DR. W. 175 WEST PALM BEACH, FL 33409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0054018	
Zip		Country		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	
AMANN, PATRICIA ANN MARINERS COVE ISLAND HOMEOWNERS 13332 MANGROVE ISLE DR. PALM BEACH GARDENS, FL 33410				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 _____ <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, 2006		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	AMANN, PATRICIA ANN			NAME	
STREET ADDRESS	13332 MANGROVE ISLE DR.			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROLLA, SCOTT			NAME	
STREET ADDRESS	13412 MANGROVE ISLE			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAESNER, CRAIG			NAME	
STREET ADDRESS	13388 MANGROVE ISLE			STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Cheryl Summonte
STREET ADDRESS				STREET ADDRESS	13348 Mangrove Isle, Palm Beach Gardens, FL
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	Frank Catalano
STREET ADDRESS				STREET ADDRESS	13356 Mangrove Isle
CITY-ST-ZIP				CITY-ST-ZIP	Palm Beach Gardens, FL 33410
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 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: <i>Patricia Ann Amann</i> PATRICIA ANN AMANN 4-5-06 ⁽⁵⁶⁾ 848-2770					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40075785



01172006 Chg-NP CR2E037 (11/05)

Applied For
Not Applicable

FL Zip Code

FL
33410