

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24496

FILED
Apr 04, 2011
Secretary of State

Entity Name: ISLAND NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2389 TREASURE ISLE DR
PALM BCH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

7264 WEST OAKLAND PARK BLVD
LAUDERHILL, FL 33313

New Mailing Address:

FEI Number: 65-0054018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKER, KRIVOK & STOLOFF, PA
1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 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

OFFICERS AND DIRECTORS:

Title: TD
Name: AMANN, PATRICIA ANN
Address: 13332 MANGROVE ISLE DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPD
Name: STROLLA, SCOTT
Address: 13412 MANGROVE ISLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: PD
Name: SUMMONTE, CHERYL
Address: 13348 MANGROVE ISLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: TD
Name: CATALANO, FRANK
Address: 13356 MANGROVE ISLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: GLAESNER, CRAIG
Address: 13388 MANGROVE ISLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL SUMONTE

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date