

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90025 029 ****61.25

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04182005 Chg-NP CR2E037 (10/03)

DOCUMENT # 726487 1. Entity Name INTERNATIONAL STUDIO APARTMENT ASSOCIATION, INC.					
Principal Place of Business 1480 SO. OCEAN BLVD. POMPANO BEACH, FL 33062			Mailing Address C/O MANAGEMENT ASSIST INC 2626 E. COMMERCIAL BLVD #4 FORT LAUDERDALE, FL 33308 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1971 W. McNab Road Suite, Apt. #, etc. # 2			
City & State		City & State Pompano Beach, FL		4. FEI Number 59-1489547	
Zip 33069	Country U.S.A.	Zip 33069	Country U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent MANAGEMENT ASSIST. INC. 2626 E COMMERCIAL BLVD # 4 FORT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name <u>All Florida Management Services</u> Street Address (P.O. Box Number is Not Acceptable) <u>1971 W. McNab Road</u> Suite 2 City <u>Pompano Beach</u> <u>FL</u> Zip Code <u>33069</u>	
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 <u>Joel Gould Property Manager</u> <u>7/18/05</u> <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 NAME STREET ADDRESS CITY-ST-ZIP	DP PIERPOINT, STEVEN <input checked="" type="checkbox"/> Delete 1530 S OCEAN BLVD # 704 POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Townsend, Lea 3209 Dover Road Pompano Beach, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete RIVERA, CARLOS 5590 NE 33 AVENUE FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Albers, Gerald 190 Bay 14th Street Brooklyn, NY 11214	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete PAULA, CARROLL 1480 S OCEAN BLVD # 207 POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles Kral 504 Western Avenue Glen Ellyn, IL 60137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete TORINO, MARTIN 1480 S OCEAN BLVD # 208 POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Terry Townsend 3209 Dover Road Pompano Beach, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Delete DAUZICKAS, PAUL 3829 NE 25TH AVE LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rose Lippen 8513 NE 24th Court Coral Springs, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Lea Townsend</u> <u>7/18/05</u> <u>954-947-7577</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					