

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90112 017 \*\*\*\*61.25

<b>DOCUMENT # 726487</b>					
<b>1. Entity Name</b> INTERNATIONAL STUDIO APARTMENT ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1480 SO. OCEAN BLVD. POMPANO BEACH, FL 33062			<b>Mailing Address</b> 1971 W MCNAB ROAD # 2 POMPANO BEACH, FL 33069 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b> Pompano Beach		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-1489547	
<b>Zip</b> 33062		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ALL FLORIDA MANAGEMENT SERVICES 1971 W MCNAB ROAD # 2 POMPANO BEACH, FL 33069				<b>7. Name and Address of New Registered Agent</b> Name: International Studio Apartments Street Address (P.O. Box Number is Not Acceptable): 1480 S. Ocean Blvd City: Pompano Beach FL Zip Code: 33062	
<b>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.</b> SIGNATURE: <u>Diane Hothan</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP <b>NAME</b> TOWNSEND, LEA <b>STREET ADDRESS</b> 3209 DOVER ROAD <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DP <b>NAME</b> Diana Hothan <b>STREET ADDRESS</b> 1480 S. Ocean Blvd., Apt. 410 <b>CITY-ST-ZIP</b> Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> ALBERS, GERALD <b>STREET ADDRESS</b> 190 BAY 14TH STREET <b>CITY-ST-ZIP</b> BROOKLYN, NY 11214	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DV <b>NAME</b> Joseph Stramandnoli <b>STREET ADDRESS</b> 1480 S. Ocean Blvd., Apt. 422 <b>CITY-ST-ZIP</b> Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DS <b>NAME</b> KRAL, CHARLES <b>STREET ADDRESS</b> 504 WESTERN AVENUE <b>CITY-ST-ZIP</b> GLEN ELLYN, IL 60137	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DS <b>NAME</b> Fran Miller <b>STREET ADDRESS</b> 1480 S. Ocean Blvd., Apt. 316 <b>CITY-ST-ZIP</b> Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TOWNSEND, TERRY <b>STREET ADDRESS</b> 3209 DOVER ROAD <b>CITY-ST-ZIP</b> POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Diane Richardson <b>STREET ADDRESS</b> 1480 S. Ocean Blvd., Apt. 420 <b>CITY-ST-ZIP</b> Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> LIPPEN, ROSE <b>STREET ADDRESS</b> 8513 NE 24TH COURT <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> Myriam Villaverde <b>STREET ADDRESS</b> 1480 S. Ocean Blvd., Apt. 219 <b>CITY-ST-ZIP</b> Pompano Beach, FL 33062	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Diane Hothan</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
EVELYN R. OLIVARES NOTARY PUBLIC - STATE OF FLORIDA COMMISSION # DD201923					

State of Florida  
County of Broward  
This is to certify that the above information 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]*

2/17/06 9545939797

EVELYN R. OLIVARES  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD201923