2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 741982



FILED Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90242 029 ****61.25

1. Entity Nam ISLE OF		FOOT COND	OMINIUM, I	NC. 2								
9273 SW 8TH ST				Mailing Address 7932 Wiles Road Coral Springs, FL 33067				20044222				
2. Principal Place of Business 3. Ma				ailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03292005 Chg-NP CR2E037 (10/03)				
City & State			Ci	City & State				4. FEI Number Applied For 59-1977322 Not Applicable				
Zip Country			Zi	Zip Cou			5Certificate of Status Desired \$8.75 Additional Fee Required					litional
	6. Name	and Address of	Current Register	ed Agent	'			7. Name and A	ddress of	New Register	ed Agent	
ROBERT	KAVERA	SSOCIATES,	INC			Name						
6362 NW 6 FORT LAL				Street Address (P.O. Box Number is Not Acceptable)								
				•		City	.			F	Zip Cod	Đ
	tions of regis			oose of changing its				ed agent, or both,	in the Stat	e of Florida. T	-	and accept
	Filing Fee is \$61.25 Due by May 1, 2005			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	3	11.		- /	ADDITIONS/CHAP	IGES TO C	FFICERS AND	DIRECTORS IN	10
TITLE	P			📰 Delete	TITLE	1		ECTOR. PR			🖺 Change	Addition
NAME STREET ADDRESS	BYRNE, F	ROBERT 8TH ST., #107			NAMI		KY	920,22 13 SW B	Rund	≠410		
CITY-ST-ZiP		TON, FL 33428	3			ET ADORESS -ST-ZIP		KA RATON		33428		
TITLE NAME STREET ADDRESS	DV SBLONE, 9273 SW	SAM 8 ST #115	, . -	Delete	TITLE NAMI	E Et adoress	DIR VEN 92	ECTOR SE STRICE M 13 S.W_B	C-TRE ARTHA Shad	*48	Change	Addition
CITY-ST-ZIP	DT	TON, FL 33428	3			-ST-ZIP	_	ECTOR- UK				
TITLE NAME		1, EMMANUEL		Delete	TITLE		ى)(بد انج	SALLE, JA	W	<i>=</i> 3	Change	Addition
STREET ADDRESS		8 STREET #306	3		1	ET ADDRESS	92	5 AUE, 16	67 2+	#304		
CITY-ST-ZiP	BOCA RA	TON, FL 33428	3		CITY	-ST-ZIP	Bo	OCA RATTON	2 PL.	851.62		
TITLE NAME				☐ Delete	TITLE NAM:						Change	☐ Addition
STREET ADDRESS	ļ					ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE	,			☐ Delete	TITLE		-		-		Change	☐ Addition
NAME STREET ADDRESS			_	-	NAM! STRE	ET ADORESS	-		•	• •		
CITY-ST-ZIP	1					-ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME			•		NAMI						- Cimildo	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZiP			 		CITY	-ST-ZIP					·	
12. Thereby a	certify that th	e information supp	lied with this filing	does not qualify for accurate and that i	r the exe	mption stat	ed in Se	ction 119.07(3)(i),	Florida Sta	itutes. I further	certify that the is	nformation

this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

954-3<u>44-5353</u>