


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90276 039 ****61.25

DOCUMENT # N03000006781

1. Entity Name
 ISOLA BELLA ESTATES HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business
 3333 S CONGRESS AVE
 DELRAY BEACH, FL 33445

Mailing Address
 3333 S CONGRESS AVE
 DELRAY BEACH, FL 33445

34064704

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04122004 Chg-NP CR2E037 (10/03)

4. FEI Number
 20-0198639

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF MITCHELL A. SHERMAN, P.A.
 1301 N CONGRESS AVE STE 210
 BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	AKEL, RAMZI	
STREET ADDRESS	3333 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCARDINA, CHARLES	
STREET ADDRESS	3333 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NERO, ELIZABETH	
STREET ADDRESS	3333 S CONGRESS AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date: 4/19/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR