

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006781

**FILED  
Apr 30, 2004  
Secretary of State**

**Entity Name:** ISOLA BELLA ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3333 S CONGRESS AVE  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

3333 S CONGRESS AVE  
SUITE 401  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

3333 S CONGRESS AVE  
DELRAY BEACH, FL 33445

**New Mailing Address:**

3333 S CONGRESS AVE  
SUITE 401  
DELRAY BEACH, FL 33445

FEI Number: 20-0198639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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 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: DP ( ) Delete  
Name: AKEL, RAMZI  
Address: 3333 S CONGRESS AVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DV ( ) Delete  
Name: SCARDINA, CHARLES  
Address: 3333 S CONGRESS AVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ST ( ) Delete  
Name: NERO, ELIZABETH  
Address: 3333 S CONGRESS AVE  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RAMZI AKEL

DP

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date