


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-01-2005 90017 007 ****61.25

DOCUMENT # N03000006781

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



Principal Place of Business 3333 S CONGRESS AVE SUITE 401 DELRAY BEACH, FL 33445	Mailing Address 3333 S CONGRESS AVE SUITE 401 DELRAY BEACH, FL 33445
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40009838



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01242005 No 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AKEL, RAMZI 3333 S CONGRESS AVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCARDINA, CHARLES 3333 S CONGRESS AVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NERO, ELIZABETH 3333 S CONGRESS AVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  _____ **1/26/05** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #