

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90026 023 ****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

00010030



DO NOT WRITE IN THIS SPACE

01272006 No Chg-NP CR2E037 (11/05)

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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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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	
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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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____