
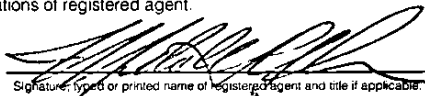
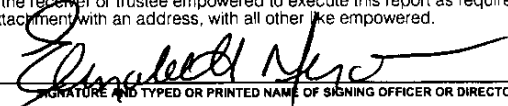


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90170 038 ****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	
2. Principal Place of Business - No P.O. Box # 7593 Boynton Beach Blvd Suite, Apt. #, etc. ste: 220 City & State Boynton Beach FL		3. Mailing Address C/O ARS management Assoc Suite, Apt. #, etc. 3900 Woodlake Blvd Ste 309 City & State Lake Worth FL	
Zip 33437	Country U.S.	Zip 33463	Country U.S.
4. FEI Number 20-0198639		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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) 7593 Boynton Beach Blvd ste: 220 City Boynton Beach FL Zip Code 33437	
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 		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AKEL, RAMZI 3333 S CONGRESS AVE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7593 Boynton Beach Blvd ste 220 Boynton Beach FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCARDINA, CHARLES 3333 S CONGRESS AVE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7593 Boynton Beach Blvd ste 220 Boynton Beach FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NERO, ELIZABETH 3333 S CONGRESS AVE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7593 Boynton Beach Blvd ste 220 Boynton Beach FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4-28-08	
		Daytime Phone # 561-364-3660	