2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

					SCCI	ciary i	oi Sta	ıc
DOCUMENT # N0300006781 1. Entity Name ISOLA BELLA ESTATES HOMEOWNERS ASSOCIATION, INC.						2008 90170 0		
3333 S CONGRESS AVE 333 SUITE 401 SUIT DELRAY BEACH, FL 33445 DEL		Mailing Address 3333 S CONGRESS AVE SUITE 401 DELRAY BEACH, FL 334	3333 S CONGRESS AVE					
	ace of Business - No P.O. Box # yutou Becch Blod #, etc.	3. Mailing Address CIO ARS manage Suite, Apt. #, etc.	ement As	######################################			E 037 (12/06)	
		3900 wood lave	20 word in the Blood Ste 309 City & State		Number	CRZI		plied For
Boyuto	n Beach Fl	Lake Worth		20	-0198639		No	t Applicable
3343	37 U.S.	38463_	Country U.S.	5. Ceri	ificate of Status	Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Nan	e and Address	of New Register	ed Agent	
LAW OFFICES OF MITCHELL A. SHERMAN, P.A. 1301 N CONGRESS AVE STE 210				ddress (P.O. Box	Number is Not A	Acceptable)		
	BEACH, FL 33426		7893	Boyut	on Bec	och Blu	cl	
			City	2: 220			Zip Code	e
8. The above	named entity submits this statement for	or the purpose of changing its re	egistered office or	registered agent	or both, in the			437 and accept
	ions of registered agent.	2.11		-				
SIGNATURE .								
SIGNATURE .	- Committee of the second							
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable: (NOTE: I	Registered Agent signati	re required when reinsti	ting)	DA	ΓE	
SIGNATURE :	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 Added to	May Be Fees	Make ch Florida De	eck payable to partment of St	tate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 Added to	May Be Fees	Make ch	eck payable to partment of St	iate
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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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET OF THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4-28-08</u>

561-364-3660)