

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2009  
Secretary of State**

DOCUMENT# N06000010253

Entity Name: ISLES AT OAKLAND PARK COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MIAMI MANAGEMANT  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MIAMI MANAGEMANT  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 20-5685995      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASSOCIATION LAW GROUP, P.L.  
1666 KENNEDY CAUSEWAY  
SUITE 305  
NORTH BAY VILLAGE, FL 33141 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: HERRERA, MARIA C  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: VPT ( ) Delete  
Name: BALUJA, TERESA  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: S ( ) Delete  
Name: AVILA, MIGUEL  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

**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 exemption stated 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 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: MARIA C HERRERA

DP

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date