

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JAN 31 PM 2:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000002664 (0)

1. Corporation Name

THE ISLES ADDITION ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/26/1994
4. FEI Number
65-0530612
3a. Date of Last Report
Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
21	26	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
23 City & State	28 City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No
24 Zip	25 Country	
29 Zip	30 Country	

9. Name and Address of Current Registered Agent

**FLORIDA NATIONAL PROPERTIES, INC.
3300 UNIVERSITY DRIVE
10TH FLOOR
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICHARD, CHRIS
STREET ADDRESS	3300 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	D
NAME	TARAVELLA, J.P. JR.
STREET ADDRESS	3300 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	D
NAME	BOE, KATHLEEN
STREET ADDRESS	3300 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J.P. Taravella, Jr.

J.P. TARAVELLA, JR.

1-12-95

305-752-1100

Typed name and typed or printed name of signing officer or director

Date

Telephone #