

FILE NOW: FILING FEE IS \$61.25

1-16-96

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002664 (0)

1. Corporation Name

THE ISLES ADDITION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified
05/26/1994

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0530612

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title 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

11 TITLE Secretary ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE President ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Treasurer ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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., President 1-16-96 954-752-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)