FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90169 023 ****61.25
05-10-1999 90130 047 ****61.25

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1. Corporation Name

THE ISLES ADDITION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3300 University Dr. Coral Springs, Fl. 33065	3300 University Dr. Coral Springs, Fl. 33065

2. Principal Place of Business	2a. Mailing Address
21 8000 Peters Road	26 8000 Peters Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Plantation, Fl.	City & State 28 Plantation, Fl.
Zip 24 33324 Country 25	Zip 29 33324 Country 30

3. Date Incorporated or Qualifed: 5/26/1994

4. FEI Number: 65-0530612 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Fl. National Properties, Inc.
3300 University Drive
Coral Springs, Fl. 33065

10. Name and Address of New Registered Agent

81 Name: Steven A. Weinberg, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 8000 Peters Road
83
84 City: Plantation **FL** 85 Zip Code: 33324

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 _____ 4/28/99 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Chris Richard 3300 University Dr. Coral Springs, Fl. 33065	☒ DELETE X	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Robert Loftus 960 N.W. 119th Avenue Coral Springs, Fl. 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD J.P. Taravella 3300 University Drive Coral Springs, Fl. 33065	☒ DELETE X	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD Sam Weiss 11936 N.W. 11th Court Coral Srpings, Fl. 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Lorraine Ruggiero 11987 N.W. 9th Street Coral Springs, Fl. 33071	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Beth M. Schneider 3300 University Drive Coral Springs, Fl. 33065	☒ DELETE X	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ 4-28-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #