

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90105 048 ****61.25

DOCUMENT # N94000002664

1. Entity Name

THE ISLES ADDITION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SUNRAE MANAGEMENT
 7071 WEST COMMERCIAL BLVD STE 2B
 TAMARAC FL 33319
 US

% SUNRAE MANAGEMENT
 7071 WEST COMMERCIAL BLVD STE 2B
 TAMARAC, FL 33319
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0530612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUNRAE MANAGEMENT SERVICES, INC.
7071 WEST COMMERCIAL BLVD
STE 2B
TAMARAC FL 33319

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFTUS, ROBERT 960 NW 119TH AVE CORAL SPRINGS FL 33071	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEISS, SAM 11936 NW 11TH COURT CORAL SPRINGS FL 33071	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUGGIERO, LORRAINE 11987 NW 9TH ST CORAL SPRINGS FL 33071	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Damon, Jacki 1101 NW 118th Lane Coral Springs, FL 33071	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rodriguez, Dali 11832 NW 11th Court Coral Springs, FL 33071	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Zielinski, Paul 11857 NW 12th Drive Coral Springs, FL 33071	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kusack, Russ 11901 NW 11th Court Coral Springs, FL 33071	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-2001

CR2E037 (10/00)