NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State
09-04-2002 90094 014 ****61.25

DOCUMENT # N94000002664

1. Entity Name

THE ISLES ADDITION ASSOCIATION, INC.

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978236

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
A & M Property Mgmt.	A & M Property Mgmt.
Suite, Apt. #, etc.: 3475 N. Hiatus Road	Suite, Apt. #, etc.: 3475 N. Hiatus Road
City & State: Sunrise, FL	City & State: Sunrise, FL
Zip: 33351 Country: Broward	Zip: 33351 Country: Broward

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

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

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7. Name and Address of Current Registered Agent

Name: A & M property Management

Street Address (P.O. Box Number is Not Acceptable): 3475 N. Hiatus Road

City: Sunrise FL Zip Code: 33351

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: Diane Marie Waldron V.P. DATE: 8/28/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE: PD NAME: Jacki Dannon STREET ADDRESS: 1101 NW 118th Lane CITY-ST-ZIP: Coral Sprins, FL 33071	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VPD NAME: Robert Berman STREET ADDRESS: 11880 NW 11th CT. CITY-ST-ZIP: Coral Springs, FL 33071	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: T/SD NAME: Scott Gelfand STREET ADDRESS: 930 NW 119th St. CITY-ST-ZIP: Coral Springs, FL 33071	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Russ Kusak STREET ADDRESS: 11901 NW 11th Ct. CITY-ST-ZIP: Coral Springs, FL 33071	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: Edward Roth STREET ADDRESS: 11901 NW 10th Place CITY-ST-ZIP: Coral Springs, FL 33071	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

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CR2E037B (12/01)

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

SIGNATURE: 8/28/02 741-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #