

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90046 010 ****61.25

DOCUMENT # N94000002664					
1. Entity Name THE ISLES ADDITION ASSOCIATION, INC.					
Principal Place of Business A & M PROPERTY MGMT 3475 N HIATUS ROAD SUNRISE, FL 33351 US			Mailing Address A & M PROPERTY MGMT 3475 N HIATUS ROAD SUNRISE, FL 33351 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02232004 Chg-NP CR2E037 (10/03)	
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 A & M PROPERTY MANAGEMENT 3475 N HIATUS ROAD SUNRISE, FL 33351			7. Name and Address of New Registered Agent Name KAREN BUSCH Street Address (P.O. Box Number is Not Acceptable) C/O SUNRAE MANAGEMENT SERVICES, INC. 7071 W. COMMERCIAL BLVD., SUITE 2B City TAMARAC - FL Zip Code 33319		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 3/3/04 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERMAN, ROBERT 11880 NW 11TH CT CORAL SPRINGS, FL 33071	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARK SHERMAN 965 NW 118TH LANE CORAL SPRINGS, FL 33071	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERMAN, ROBERT 11880 NW 11TH CT CORAL SPRINGS, FL 33071	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBERT KAVA 11803 NW 10TH PLACE CORAL SPRINGS, FL 33071	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GELFAND, SCOTT 930 NW 119TH ST CORAL SPRINGS, FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHN AXT 1189 NW 118TH WAY CORAL SPRINGS, FL 33071	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECHT, KENT 11839 NW 10TH PL CORAL SPRINGS, FL 33071	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTINE LEVINSON 951 NW 118TH LANE CORAL SPRINGS, FL 33071	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, EDWARD 11901 NW 10TH PLACE CORAL SPRINGS, FL 33071	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, JONATHAN 11865 NW 12TH DR CORAL SPRINGS, FL 33071	☒ Delete	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 person 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			Mark Sherman		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-3-04 Daytime Phone # (954) 755-6117		