


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90080 017 ****61.25

DOCUMENT # N97000005435

1. Entity Name
ISLAND SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 2903 NE 163 STREET
 NORTH MIAMI BEACH, FL 33160

Mailing Address
 275 FOUNTAINBLEAU BLVD
 #200
 MIAMI, FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3502796

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	
FEIN, STEVEN ESQ 900 SOUTH STATE RD 7 PLANTATION, FL 33317		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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VARGAS, H. RICK			NAME			
STREET ADDRESS	275 FOUNTAINBLEAU BLVD #200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSARIO, JEANNETTE			NAME			
STREET ADDRESS	275 FOUNTAINBLEAU BLVD #200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACHECO, SANDRA			NAME			
STREET ADDRESS	275 FOUNTAINBLEAU BLVD #200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSELL, SANDRA			NAME			
STREET ADDRESS	275 FOUNTAINBLEAU BLVD #200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINONEZ, JOSE			NAME			
STREET ADDRESS	275 FOUNTAINBLEAU BLVD #200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARQUELLES, DAYRON			NAME			
STREET ADDRESS	275 FOUNTAINBLEAU BLVD #200			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP			

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 an other like empowered.

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