# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 26, 2007 8:00 am**
**Secretary of State**
01-26-2007 90025 046 ****70.00

60007029

DOCUMENT # N97000005435

1. Entity Name
ISLAND SHORES CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2903 NE 163 STREET<br>NORTH MIAMI BEACH, FL 33160 | 275 FOUNTAINBLEAU BLVD<br>#200<br>MIAMI, FL 33172 |

01152007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 2903 NE 163rd St. | 2903 NE 163rd St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: North Miami Beach, FL | City & State: North Miami Beach, FL. |
| Zip: 33160 Country: USA | Zip: 33160 Country: USA |

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**

ROBERT KAYE & ASSOCIATES, P.A.
6261 N.W. 6TH WAY, STE. 103
FT. LAUDERDALE, FL 33309

**7. Name and Address of New Registered Agent**

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, 2007**

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 | PD | ☒ Delete | TITLE | President. | ☐ Change ☒ Addition |
| NAME | VARGAS, H. RICK | | NAME | Jenny Ledesma | |
| STREET ADDRESS | 275 FONTAINEBLEAU BLVD #200 | | STREET ADDRESS | 2903 NE 163rd st. (Office) | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | North Miami Beach, FL. 33160 | |
| TITLE | V | ☒ Delete | TITLE | Vice President | ☐ Change ☒ Addition |
| NAME | ROSARIO, JEANNETTE | | NAME | Luis A. Aguelo | |
| STREET ADDRESS | 275 FONTAINEBLEAU BLVD #200 | | STREET ADDRESS | 2903 NE 163rd st. (Office) | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | North Miami Beach, FL. 33160 | |
| TITLE | S | ☒ Delete | TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | PACHECO, SANDRA | | NAME | Kalinka Sotolongo | |
| STREET ADDRESS | 275 FONTAINEBLEAU BLVD #200 | | STREET ADDRESS | 2903 NE 163rd st (Office) | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | North Miami Beach, FL. 33160 | |
| TITLE | T | ☒ Delete | TITLE | Treasurer | ☐ Change ☐ Addition |
| NAME | ROSELL, SANDRA | | NAME | Carlos Morales | |
| STREET ADDRESS | 275 FONTAINEBLEAU BLVD #200 | | STREET ADDRESS | 2903 NE 163rd st (Office) | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | North Miami Beach, FL. 33160 | |
| TITLE | D | ☒ Delete | TITLE | Director | ☐ Change ☒ Addition |
| NAME | SCHLEISS, JENNIFER | | NAME | Gloria Perez | |
| STREET ADDRESS | 275 FONTAINEBLEAU BLVD #200 | | STREET ADDRESS | 2903 NE 163rd st (Office) | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | North Miami Beach, FL. 33160 | |
| TITLE | D | ☒ Delete | TITLE | Director | ☐ Change ☒ Addition |
| NAME | ARQUELLES, DAYRON | | NAME | Andrew Walloch | |
| STREET ADDRESS | 275 FONTAINEBLEAU BLVD #200 | | STREET ADDRESS | 2903 NE 163rd st. (Office) | |
| CITY-ST-ZIP | MIAMI, FL 33172 | | CITY-ST-ZIP | North Miami Beach, FL. 33160 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jenny Ledesma 1/15/07 305-790-0954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #