

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# N98000004011

Entity Name: ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2750 NE MIAMI GARDENS DRIVE  
SUITE. 300  
AVENTURA, FL 33160

**New Principal Place of Business:**

2750 NE 185TH STREET  
SUITE. 301  
AVENTURA, FL 33180

**Current Mailing Address:**

2750 NE MIAMI GARDENS DRIVE  
SUITE 300  
AVENTURA, FL 33160

**New Mailing Address:**

2750 NE 185TH STREET  
SUITE 301  
AVENTURA, FL 33180

FEI Number: 65-0855725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHNEIDER, HARVEY ESQ.  
2750 NE MIAMI GARDENS DRIVE  
SUITE 300  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

SCHNEIDER, HARVEY ESQ.  
2750 NE 185TH STREET  
SUITE 301  
AVENTURA, FL 33180 US

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:

04/28/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: COHEN, GARY  
Address: 2750 NE MIAMI GARDENS DRIVE, STE 300  
City-St-Zip: AVENTURA, FL 33160

Title: VPTD ( ) Delete  
Name: COHEN, SUSAN  
Address: 2750 NE MIAMI GARDENS DRIVE, STE 300  
City-St-Zip: AVENTURA, FL 33160

Title: D ( ) Delete  
Name: SCHNEIDER, HARVEY  
Address: 2750 NE MIAMI GARDENS DRIVE, STE 300  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: COHEN, GARY  
Address: 2750 NE 185TH STREET, STE 301  
City-St-Zip: AVENTURA, FL 33180

Title: VPTD (X) Change ( ) Addition  
Name: COHEN, SUSAN  
Address: 2750 NE 185TH STREET, STE 301  
City-St-Zip: AVENTURA, FL 33180

Title: D (X) Change ( ) Addition  
Name: SCHNEIDER, HARVEY  
Address: 2750 NE 185TH STREET, STE 301  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY COHEN

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date