

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007649

FILED
Apr 30, 2004
Secretary of State**Entity Name:** ISLES AT BAYSHORE MASTER ASSOCIATION, INC.**Current Principal Place of Business:**730 N.W. 107 AVE FOURTH FLOOR
MIAMI, FL 33172**New Principal Place of Business:****Current Mailing Address:**730 N.W. 107 AVE FOURTH FLOOR
MIAMI, FL 33172**New Mailing Address:**700 N.W. 107 AVE
FOURTH FLOOR
MIAMI, FL 33172**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PATRICIA KIMBALL FLETCHER, P.A.
200 SOUTH BISCAYNE BLVD STE 3400
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**BUTTERFIELD, BENJAMIN P
700 NW 107TH AVENUE
SUITE 400
MIAMI, FL 33131 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: BENJAMIN P BUTTERFIELD

04/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CAPUTO, SHARON
Address: 1015 NORTH STATE ROAD 7 STE C
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: DV () Delete
Name: CIERPIK, JILL
Address: 8190 STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: ST () Delete
Name: LEISI, JULIE A
Address: 730 N.W. 107 AVE FOURTH FLOOR
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON CAPUTO

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date