
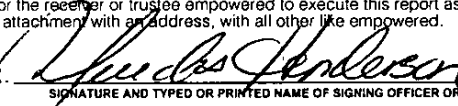


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90033 008 \*\*\*\*70.00

<b>DOCUMENT # N03000007649</b> 1. Entity Name ISLES AT BAYSHORE MASTER ASSOCIATION, INC.			
Principal Place of Business C/O M & E ASSOCIATES OF MIAMI, INC. 13200 SW 428 ST., STE. F-3 MIAMI, FL 33186		Mailing Address C/O M & E ASSOCIATES OF MIAMI, INC. 13200 SW 428 ST., STE. F-3 MIAMI, FL 33186	
2. Principal Place of Business Suite, Apt. #, etc. 13055 SW 42 ST, Suite 203		3. Mailing Address Suite, Apt. #, etc. 13055 SW 42 ST, Suite 203	
City & State Miami, FL		City & State Miami, FL	
Zip 33175		Zip 33175	
Country		Country	
4. FEI Number 20-1129081		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROUGH, CHADROW & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PKWY. WESTON, FL 33326		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAPUTO, SHARON 1015 NORTH STATE ROAD 7 STE C ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CIERPIK, JILL 8190 STATE ROAD 84 DAVIE, FL 33324	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HENDERSON, MERCEDES 730 NW 107 AV STE 400 MIAMI, FL 33172	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		Date: 2/7/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	