

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006781

**Entity Name:** ISOLA BELLA ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 21, 2019**  
**Secretary of State**  
**0061276066CC**

**Current Principal Place of Business:**

9796 VIA AMATI  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O TALLFIELD MANAGEMENT  
PO BOX 212995  
ROYAL PALM BEACH, FL 33421 US

**FEI Number:** 20-0198639

**Certificate of Status Desired:** No

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

KAYE BENDER REMBAUM ATTORNEYS AT LAW  
1200 PARK CENTRAL BLVD. SOUTH  
POMPANO BEACH, FL 33064 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:** TOM BENDER

02/21/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PEARLMAN, MURRAY  
Address        C/O TALLFIELD MANAGEMENT  
                  PO BOX 212995  
City-State-Zip: ROYAL PALM BEACH FL 33421

Title            TREASURER  
Name            CANNON, NANCY  
Address        C/O TALLFIELD MANAGEMENT  
                  PO BOX 212995  
City-State-Zip: ROYAL PALM BEACH FL 33421

Title            DIRECTOR  
Name            LANNING, RICHARD  
Address        C/O TALLFIELD MANAGEMENT  
                  PO BOX 212995  
City-State-Zip: ROYAL PALM BEACH FL 33421

Title            VP  
Name            SILVA, LISA  
Address        C/O TALLFIELD MANAGEMENT  
                  PO BOX 212995  
City-State-Zip: ROYAL PALM BEACH FL 33421

Title            SECRETARY  
Name            TOMCZAK, MICHAEL  
Address        C/O TALLFIELD MANAGEMENT  
                  PO BOX 212995  
City-State-Zip: ROYAL PALM BEACH FL 33421

*I hereby 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 all other like empowered.*

**SIGNATURE:** MURRAY PEARLMAN

PRESIDENT

02/21/2019

Electronic Signature of Signing Officer/Director Detail

Date