

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

DOCUMENT# N06000010253

**Entity Name:** ISLES AT OAKLAND PARK COMMUNITY ASSOCIATION, INC.

**FILED**  
**Oct 22, 2019**  
**Secretary of State**  
**6171082003CC**

**Current Principal Place of Business:**

C/O CONSOLIDATED COMMUNITY MGT  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CONSOLIDATED COMMUNITY MGT  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321 US

**FEI Number: 20-5685995**

**Certificate of Status Desired: No**

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

SHIR LAW GROUP P.A.  
2295 NW CORPORATE BLVD.  
STE #140  
BOCA RATON, FL 33431 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: PATRICK DERVISHI, ESQ**

**10/22/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ALI, ANNISA  
Address        C/O CONSOLIDATED COMMUNITY  
                  MGT  
                  7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title           P  
Name           PENA, DENNIS  
Address        C/O CONSOLIDATED COMMUNITY  
                  MGT  
                  7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title           VP  
Name           JONES, CORY D.  
Address        C/O CONSOLIDATED COMMUNITY  
                  MGT  
                  7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

*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: DENNIS PENA**

**PRES**

**10/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date