

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000404

FILED
Mar 15, 2016
Secretary of State
CC3490336693

Entity Name: THE ISLES AT CAY COMMONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O OPTIMUM COMMUNITY MANAGEMENT, INC
7557 W. SAND LAKE RD. #131
ORLANDO, FL 32819

Current Mailing Address:

C/O OPTIMUM COMMUNITY MANAGEMENT, INC
7557 W. SAND LAKE RD. #131
ORLANDO, FL 32819 US

FEI Number: 38-3749739

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDREA ZEBICK
7557 W. SAND LAKE RD.
#131
ORLANDO, FL 32819 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: OPTIMUM COMMUNITY MANAGEMENT, INC

03/15/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FRAHM, LARAINE
Address 7557 W. SAND LAKE RD.
 #131
City-State-Zip: ORLANDO FL 32819

Title TREASURER
Name IDREES, MOHAMMAD
Address 7557 W. SAND LAKE RD.
 #131
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name VAN HOVE, CHRISTOPHE
Address C/O OPTIMUM COMMUNITY
 MANAGEMENT, INC
 7557 W. SAND LAKE RD. #131
City-State-Zip: ORLANDO FL 32819

Title VP
Name COMPITELLO, BILL
Address C/O OPTIMUM COMMUNITY
 MANAGEMENT, INC
 7557 W. SAND LAKE RD. #131
City-State-Zip: ORLANDO FL 32819

Title SECRETARY
Name TARTER, ASHLEY
Address C/O OPTIMUM COMMUNITY
 MANAGEMENT, INC
 7557 W. SAND LAKE RD. #131
City-State-Zip: ORLANDO FL 32819

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: LARAINE FRAHM

PRESIDENT

03/15/2016

Electronic Signature of Signing Officer/Director Detail

Date