## 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000000404

Entity Name: THE ISLES AT CAY COMMONS CONDOMINIUM ASSOCIATION,

Aug 21, 2018 **Secretary of State** CC2679202314

**FILED** 

# **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

08/21/2018

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PRESIDENT	Title	TREASURER
Name	FRAHM, LARAINE	Name	WALDRON, DANIEL
Address	7557 W. SAND LAKE RD.	Address	7557 W. SAND LAKE RD.

City-State-Zip: ORLANDO FL 32819 City-State-Zip: ORLANDO FL 32819

Title Title **SECRETARY** COMPITELLO, BILL Name TARTER, ASHLEY Name

C/O OPTIMUM COMMUNITY Address C/O OPTIMUM COMMUNITY Address

> MANAGEMENT, INC MANAGEMENT, INC

7557 W. SAND LAKE RD. #131 7557 W. SAND LAKE RD. #131

City-State-Zip: ORLANDO FL 32819 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.

08/21/2018 SIGNATURE: LARAINE FRAHM **PRES**