

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000011255

**FILED**  
**Jun 08, 2015**  
**Secretary of State**  
**CC6565237920**

**Entity Name:** ISO-INNOVATORS, LLC

**Current Principal Place of Business:**

777 S. HARBOUR ISLAND BLVD.  
SUITE 128  
TAMPA, FL 33602

**Current Mailing Address:**

777 S. HARBOUR ISLAND BLVD.  
SUITE 128  
TAMPA, FL 33602 US

**FEI Number:** 27-4698190

**Certificate of Status Desired:** No

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

TIMMERMAN, SUZANNE  
777 S. HARBOUR ISLAND BLVD.  
SUITE 128  
TAMPA, FL 33602 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:** SUZANNE TIMMERMAN

06/08/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name THE HOME ASSOCIATION, INC.  
Address 777 S. HARBOUR ISLAND BLVD.  
SUITE 128  
City-State-Zip: TAMPA FL 33602

Title EXECUTIVE DIRECTOR  
Name LUTTON, ANDREW  
Address 6508 N. RIVER  
City-State-Zip: TAMPA FL 33604

Title PRESIDENT  
Name MENDEZ, JANET  
Address 3205 W. FOUNTAIN BOULEVARD  
City-State-Zip: TAMPA FL 33609

Title TREASURER  
Name TIMMERMAN, SUZANNE  
Address C/O WELLS FARGO BANK  
100 S. ASHLEY DR., 10TH FLOOR  
City-State-Zip: TAMPA FL 33602

Title SECRETARY  
Name ESTES, MARY  
Address 2906 COACHMAN AVENUE  
City-State-Zip: TAMPA FL 33611

Title VP  
Name CHEEK, ELLEN  
Address 2516 W. SHELL POINT RD.  
City-State-Zip: TAMPA FL 33611

Title VP  
Name PLYLER, HARRIET  
Address 5020 BAYSHORE BLVD. #501  
City-State-Zip: TAMPA FL 33611

Title VP OF DEVELOPEMENT  
Name DORNBLASER, CYNDEE  
Address 5111 N. BRANCH AVE.  
City-State-Zip: TAMPA FL 33603

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDREW LUTTON

EXECUTIVE DIRECTOR

06/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASSISTANT TREASURER  
Name HUTCHINSON, JACQUELINE  
Address 2415 PROSPECT RD.  
City-State-Zip: TAMPA FL 33629

Title BOARD MEMBER  
Name BECKER, LINDA  
Address 3112 FIELDER STREET  
City-State-Zip: TAMPA FL 33611