


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90485 002 ****61.25

DOCUMENT # 706356	
1. Entity Name ISLES COLONY CONDOMINIUM APTS., INC.	

Principal Place of Business 1710 JAMAICA WAY STE 204 PUNTA GORDA, FL 33950-2155	Mailing Address C/O 2421 SHREVE STREET SUITE 115 PUNTA GORDA, FL 33950 US
---	---

50018049

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03022006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1561081		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENNETT, DOROTHY M 2421 SHREVE STREET SUITE 115 PUNTA GORDA, FL 33950		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANELLE, GERARD L			NAME			
STREET ADDRESS	1710 JAMAICA WAY, #204			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIRNER, PHYLLIS			NAME			
STREET ADDRESS	1710 JAMAICA WAY, # 203			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATTS, FRANK			NAME			
STREET ADDRESS	1710 JAMAICA WAY #201			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARMYSH, MARCIA			NAME			
STREET ADDRESS	1710 JAMAICA WAY #207			STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33950			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorothy M. Bennett* **C.A.M.** 4/26/06 941-639-1142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #