## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #706356**



FILED Apr 30, 2007 8:00 am Secretary of State

NAME STREET ADDRESS CITY ST ZIP  DT Delete NAME PIRNER, PHYLLIS STREET ADDRESS CITY-ST ZIP PUNTA GORDA, FL 33950  Delete NAME STREET ADDRESS CITY-ST ZIP  PUNTA GORDA, FL 33950  Delete NAME STREET ADDRESS CITY-ST ZIP  DS DS Delete NAME STREET ADDRESS CITY-ST ZIP  DOBLETE NAME STREET ADDRESS CITY-ST ZIP  DELETE NAME STREET ADDRESS CITY-ST ZIP  DS DS DELETE NAME STREET ADDRESS CITY-ST ZIP  DS	1. Entity Name ISLES COLONY CONDOMINIUM APTS., INC.					04-30-2007 9	90446 01	19 ****61	.25
Suite: Apt. #. otc.    Suite: Apt. #. otc.   Suite: Apt. #. otc.	1710 JAMAICA WAY STE 204	C/O 2421 SHREVE STR Suite 115		s		: ::::::::::::::::::::::::::::::::::::			
City & State	Principal Place of Business - No P.O. Box #     Mailing Address			·					
Signature   Sign	Suite, Apt. #, etc. Suite, Apt. #, etc.				04242007	Chg-NP	CR2E0	37 (12/06)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name  8. Name  8. Name  8. Name  8. Street Address (P.O. Box Number is Not Acceptable)  9. Street Address (P.O. Box Number is Not Acce	City & State City & State								
Name   Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip Country	Zip	Zip Country		5. Certificate o	f Status Desired			
BENNETT, DOROTHY M 2421 SHREVE STREET SUITE 115 PUNTA GORDA, FL 33950  City  FL  Zip Code  a. 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 accent to obligations of registered agent.  SIGNATURE  FIRING Fee is \$61.25 Due by May 1, 2007  9. Election Compaging Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INITE NAME JANELLE, GERARD L SIRET ADDRESS OTH'S 1-2P PUNTA GORDA, FL 33950  INITE DT UNITE NAME PIRNER, PHYLLIS SIRET ADDRESS OTH'S 1-2P PUNTA GORDA, FL 33950  UNITE UNITE DP UNTA GORDA, FL 33950  UNITE DEVICE SIRET ADDRESS OTH'S 1-2P PUNTA GORDA, FL 33950  UNITE DP UNTA GORDA, FL 33950  UNITE DP UNITE DP UNTA GORDA, FL 33950  UNITE UNITE UNITE DP UNTA GORDA, FL 33950  UNITE	6. Name and Address of Current Regi	stered Agent		Nome	7. Name and A	ddress of New R	Registered	Agent	
SUITE 115 PUNTA GORDA, FL 33950  City FL Zip Code  6. 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 accentrate the obligations of registered agent.  SIGNATURE  FITING Fee to \$61.25 Due by May 1, 2007  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.  ITILE NAME JANELLE, GERARD L JANELL			-		ess (P.O. Box Number	is Not Acceptable	e)		
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 accent the obligations of registered agent.  SIGNATURE    SIGNATURE	SUITE 115		1_		·	· · · · · · · · · · · · · · · · · · ·		<del></del>	
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 accentre the obligations of registered agent.  SIGNATURE    Signature, header present registered agent.   Signature registered office or registered agent.   Signature registered office or registered office or registered agent.   Signature registered office or registered agent.   Signature registered agent.   Signature registered agent.   Signature registered office or registered agent.   Signature registered agent.   Signature registered agent.   Signature registered agent.   Signature registered office or registered agent.   Signature registered office or registered agent.   Signature	·		-	City			Fi	Zip Cod	е
Signature, needed remarked agrammed lied passence.   (NOTE: Ring second Agram agrammer consistion)   S.		purpose of changing its	registered	d office or reg	istered agent, or both	, in the State of Fk		familiar with,	and accept
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    ITHE   D		c finonicable. (NOI	E. Registered	Agont signature re-	o us flum to restint on		Date	<u>.</u>	
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STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY ST ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	Due by May 1, 2007  10. OFFICERS AND DIRECT  TITLE NAME JANELLE, GERARD L  1710 JAMAICA WAY, #204  CITY-ST-ZIP PUNTA GORDA, FL 33950  TITLE DT NAME SITREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950  TITLE DS WATTS, FRANK 1710 JAMAICA WAY, # 203 PUNTA GORDA, FL 33950  TITLE DS WATTS, FRANK 1710 JAMAICA WAY #201 PUNTA GORDA, FL 33950  TITLE DP NAME SIREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950  TITLE NAME SIREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950  TITLE NAME STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950  TITLE NAME STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950  TITLE NAME STREET ADDRESS	Trust Fund CORS  Delete  Delete	11. TITLE NAME STREET CITY S TITLE NAME STREET NAME STREET CITY S TITLE NAME STREET CITY S TITLE NAME STREET	T ADDRESS ST ZIP T ADDRESS ST ZIP T ADDRESS ST ZIP T ADDRESS ST ZIP O F	\$5.00 May Be Added to Fees  ADDITIONS/CHAI  TRNER, PA  ATTS, FRA  S  TOHABLES  TO TAMATE  TO TAMATE  TOLLING N. TO	FLOOFFICE  YHLIS  HARRY HA WAY HAR WAY	Make chec rida Depai RS AND DI	rtment of SI RECTORS IN Change Change  Change Change	Addition Addition

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 attackment with an address, with all other like empowered.

SIGNATURE: