

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706356

FILED  
Apr 10, 2009  
Secretary of State

**Entity Name:** ISLES COLONY CONDOMINIUM APTS., INC.

**Current Principal Place of Business:**

1710 JAMAICA WAY  
STE 204  
PUNTA GORDA, FL 339502155

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 2421 SHREVE STREET  
SUITE 115  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

**FEI Number:** 59-1561081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENNETT, DOROTHY M  
2421 SHREVE STREET  
SUITE 115  
PUNTA GORDA, FL 33950 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JANELLE, GERARD L  
Address: 1710 JAMAICA WAY, #204  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: WHEELER, PATRICIA  
Address: 1710 JAMAICA WAY, STE 202  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: WATTS, FRANK  
Address: 1710 JAMAICA WAY #201  
City-St-Zip: PUNTA GORDA, FL 33950

Title: DT ( ) Delete  
Name: FULLMAN, ROBERT  
Address: 1165 RUFFENBR RD  
City-St-Zip: SCHENECTADY, NY 12309

Title: DS (X) Delete  
Name: MICHAILIS, SANDY  
Address: 1710 JAMAICA WAY, STE 205  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: MICHAILIS, SANDY  
Address: 1710 JAMAICA WAY, STE 205  
City-St-Zip: PUNTA GORDA, FL 33950

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: FULLMAN, ROBERT  
Address: 1165 RUFFENBR RD  
City-St-Zip: SCHENECTADY, NY 12309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOROTHY M. BENNETT

CAM

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date