2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 09, 2007 8:00 am Secretary of State

DOCUMENT # 707258 1. Entity Name ISLES HARBOR VISTA, INC. Principal Place of Business 1700 JAMAICA WAY PUNTA GORDA, FL 33950 Mailing Address P.O. BOX 510463 PUNTA GORDA, FL 33950									*61.25	
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2 Principal P	lace of Business - No P.Q. Box #	3. Mailing Addre		·						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				01112007	Chg-NP	CR2E037 (12/0	6)	
City & State		City & State				4. FEI Numbe 59-1566		-	Applied For Not Applicable	
Zip	Zip Country		Zip Cour			5. Certificate of Status Desire		\$8.75 Additional		
	6. Name and Address of Current	Registered Agent			!	7. Name and	Address of New	Registered Agent		
				Name	· · · · · · · · · · · · · · · · · · ·					
STAR HOSPITALITY MGMT 6025 TAYLOR RD, # 1 PUNTA GORDA. FL 33950			Street A	Street Address (P.O. Box Number is Not Acceptable)						
PUNTAGO	JRDA, FL 33850									
				City		· · · · · · · · · · · · · · · · · · ·		FL Zip C	Code	
	named entity submits this statement for	or the purpose of cha	anging its registe	ered office or	register	ed agent, or bot	h, in the State of F	lorida. I am familiar v	vith, and accept	
the congar	ions of registered again.									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE Registe	red Agent signatu	ure required	when reinstating)		DATE		
Filling Fee is \$61.25 9. Election Campaign Fi				Financing		\$5.00	_	Make check payab	le to	
Due by May 1, 2007			Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State				
	Due by May 1, 2007	ı		JUCH.			FIG			
10.	OFFICERS AND DI		11		Δ	Added to Fees		ERS AND DIRECTOR		
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	OFFICERS AND DI		elete Til		<u>۸</u>	Added to Fees	ANGES TO OFFIC	□ Char	no FM Addition	
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _

Daytime Phone #