

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90059 036 ****61.25

DOCUMENT # 736687

1. Entity Name

ISLEWOOD "D" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CONDO OWNERS ORG. OF CENTURY VILLAGE
 3501 WEST DRIVE
 DEERFIELD BEACH FL 33442-2085

CONDO OWNERS ORG. OF CENTURY VILLAGE
 3501 WEST DRIVE
 DEERFIELD BEACH FL 33442-2085

94018965



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1924018

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESKIN, MURRAY I
 1019 ISLEWOOD BLDG D
 DEERFIELD BEACH FL 33442-3562

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$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	DRP DR	<input type="checkbox"/> Delete
NAME	DESKIN, MURRAY I	
STREET ADDRESS	1019 ISLEWOOD BLDG D	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442-3562	
TITLE	DSP	<input checked="" type="checkbox"/> Delete
NAME	KLUBOK, ISIDOR	
STREET ADDRESS	1020 ISLEWOOD "D"	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WERNER, ARON	
STREET ADDRESS	4019 ISLEWOOD D	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARMARK, RHODA	
STREET ADDRESS	3015 ISLEWOOD "D"	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WAIS, BELA	
STREET ADDRESS	4002 ISLEWOOD "D"	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442-3562	
TITLE	DS	<input type="checkbox"/> Delete
NAME	YONOVITZ, MINNIE	
STREET ADDRESS	3019 ISLEWOOD "D"	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442-3562	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRNS, SID	
STREET ADDRESS	1007 ISLEWOOD D	
CITY-ST-ZIP	DEERFIELD BEACH, 33442, 3562	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROCK, JACK	
STREET ADDRESS	3011 ISLEWOOD D	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33442-3562	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROM, MURIEL	
STREET ADDRESS	4001 ISLEWOOD BLDG. D	
CITY-ST-ZIP	DEERFIELD BEACH, FL. ##\$\$@-3562	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERARDI, ESTELLE	
STREET ADDRESS	1014 ISLEWOOD BLDG. D	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33443-3562	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. I. DESKIN

2/12/04

Date

954 621-3085

Daytime Phone #