


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90417 001 15,496.25

**DOCUMENT # 736687**

1. Entity Name  
**ISLEWOOD "D" CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**CONDO OWNERS ORG. OF CENTURY VILLAGE E  
 3501 WEST DRIVE  
 DEERFIELD BEACH, FL 33442-2085**

Mailing Address  
**CONDO OWNERS ORG. OF CENTURY VILLAGE E  
 3501 WEST DRIVE  
 DEERFIELD BEACH, FL 33442-2085**

66014295



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01272006 Chg-NP CR2E037 (11/05)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**59-1924018**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CONDO OWNERS ORG OF CENTURY VILLAGE  
 3501 WEST DRIVE  
 DEERFIELD BEACH, FL 33442-3562**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

**Filing Fee is \$81.25  
 Due by May 1, 2006**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WAIS, BELLA	
STREET ADDRESS	4002 ISLEWOOD D	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BIRNS, SID	
STREET ADDRESS	1007 ISLEWOOD D	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BROCK, JACK	
STREET ADDRESS	3011 ISLEWOOD D	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JARMARK, RHODA	
STREET ADDRESS	3015 ISLEWOOD "D"	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAIS, BELA	
STREET ADDRESS	4002 ISLEWOOD "D"	
CITY-ST-ZIP	DEERFIELD BEACH, FL 334423562	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BIRNS, SID	
STREET ADDRESS	1007 ISLEWOOD D	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sid Burns	
STREET ADDRESS	1007 Islewood D	
CITY-ST-ZIP	D.B.H 33442	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK BROCK	
STREET ADDRESS	3011 Islewood	
CITY-ST-ZIP	D.B.H 33442	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY DESKIN	
STREET ADDRESS	1019 Islewood D	
CITY-ST-ZIP	D.B.H 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pat Kutz	
STREET ADDRESS	1011 Islewood D	
CITY-ST-ZIP	D.B.H 33442	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTELLE BERNARDI	
STREET ADDRESS	1014 Islewood D	
CITY-ST-ZIP	D.B.H 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart Weiser	
STREET ADDRESS	1015 Islewood D	
CITY-ST-ZIP	D.B-Ha. 33442	

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: Bella Wass  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

4/5/06 (954)427-0272  
Date Daytime Phone #

BELLA WAIS