

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90439 042 \*\*\*\*70.00

**DOCUMENT # 736687**



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

**70006707**



CHECK HERE IF MAKING CHANGES

|  |   |
|--|---|
| Principal Place of Business<br><b>C/O ISLEWOOD D-1009<br/>DEERFIELD BEACH FL 33442</b> | Mailing Address<br><b>ISLEWOOD D-1019<br/>DEERFIELD BEACH FL 33442-3562</b> |
|--|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|   |                     |
|---|---------------------|
| Suite, Apt. #, etc.<br><b>c/o ISLEWOOD "D" - 1019</b> | Suite, Apt. #, etc. |
|---|---------------------|

|   |              |
|---|--------------|
| City & State<br><b>DEERFIELD BEACH FL</b> | City & State |
|---|--------------|

|                     |                       |     |         |
|---------------------|-----------------------|-----|---------|
| Zip<br><b>33442</b> | Country<br><b>USA</b> | Zip | Country |
|---------------------|-----------------------|-----|---------|

|                                 |   |
|---------------------------------|---|
| 4. FEI Number <b>59-1924018</b> | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|---------------------------------|---|

|  |
|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
|--|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><b>CONDO. OWNERS ORGANIZ. OF CENT. VILLAGE E.<br/>3501 WEST DRIVE<br/>DEERFIELD BEACH FL 33442-2085</b> |
|--|

|   |
|---|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>DESKIN, MURRAY I<br/>1019 ISLEWOOD BLDG D<br/>DEERFIELD BEACH FL 33442-3562</b> <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BERARDI, MATTHEW<br/>1014 ISLEWOOD BLDG D<br/>DEERFIELD BEACH FL 33442-3562</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>KLUBOK, ISIDORE<br/>ISLEWOOD D 1020<br/>DEERFIELD BEACH FL 33442-3562</b> <input type="checkbox"/> Delete                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RICH, MARIAN<br/>1017 ISLEWOOD BLDG D<br/>DEERFIELD BEACH FL 33442-3562</b> <input checked="" type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>RHODA JARHACK<br/>3815 ISLEWOOD "D"<br/>DEERFIELD BEACH, FL 33442-3562</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>BELLA WAIS<br/>4002 ISLEWOOD "D"<br/>DEERFIELD BEACH, FL 33442-3562</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>MINI YANOVITZ<br/>3019 ISLEWOOD "D"<br/>DEERFIELD BEACH, FL 33442-3562</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>WERNER ARON<br/>4019 ISLEWOOD "D"<br/>DEERFIELD BEACH, FL 33442-3562</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 REQUIRED 1/9/03 954-421-3085

CR2E037 (10/02)