

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90235 001 15,496.25

<b>DOCUMENT # 737628</b> 1. Entity Name <b>ISLEWOOD "A" CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>% CONDO OWNERS ORG OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>			Mailing Address <b>% CONDO OWNERS ORG OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1928789</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CONDOMINIUM OWNERS ORGANIZATION OF CENTURY 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOFFMAN, WALTER 18 ISLEWOOD A DEERFIELD BCH., FL 33442	<input type="checkbox"/> Delete		TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	BLUMA LUBORSKY 16 Islewood 'A' D.B. H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANICH, JUDITH 24 ISLEWOOD A DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete		TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	THOMAS Nagle 22 Islewood 'A' D.B. H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DELLINGER, BILL 410 S POWERLINE RD DEERFIELD BCH., FL 33442	<input type="checkbox"/> Delete		TITLE <i>D</i> NAME STREET ADDRESS CITY-ST-ZIP	BERTHA KING 23 Islewood 'A' D.B. H 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JORGE 1 ISLEWOOD A DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CHARNITSKY, ELEANA 12 ISLEWOOD A DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEGIEN, DAVID 19 ISLEWOOD A DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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.					
<b>SIGNATURE:</b> <i>Eleana Charnitsky</i> <b>ELEANA CHARNITSKY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>4/15/07</b> Daytime Phone # <b>(954) 427-6941</b>					