

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-08-2008 90101 001 15,496.25

DOCUMENT # 737638 1. Entity Name ISLEWOOD "B" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			Mailing Address C/O COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085		
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 59-1988711			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CONDOMIN OWNERS ORGANI OF CENTVL., INC. 3501 WEST DRIVE DEERFIELD BEACH, FL 33442-2085			7. Name and Address of New Registered Agent 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 releasing)					
Filing Fee is \$81.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	TD MARONE, PAT 30 B ISLEWOOD DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAT MORRONE 30 ISLEWOOD 'B' D.B.H 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOYER, ADELE 33 ISLEWOOD B DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADELE NOYES 33 ISLEWOOD 'B' D.B.H 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLLMAN, ELEANOR 34 ISLEWOOD B DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLLMAN, ELEANOR 34 ISLEWOOD B DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REALE, NUNZIO 35 ISLEWOOD B DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REALE, NUNZIO 35 ISLEWOOD B DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: <u>Adele Noyes</u> ADELE NOYES <u>4/2/08</u> <u>(954)426-6638</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					