2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# 737638

Entity Name: ISLEWOOD "B" CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O COOCVE
3501 WEST DRIVE
DEERFIELD BEACH, FL 334422085

New Principal Place of Business:

Current Mailing Address:

C/O COOCVE
3501 WEST DRIVE
DEERFIELD BEACH, FL 334422085

New Mailing Address:

FEI Number: 59-1988711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONDOMIN OWNERS ORGANI OF CENTVIL., INC.
3501 WEST DRIVE
DEERFIELD BEACH, FL 334422085 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MORRONE, PAT
Address: 30 ISLEWOOD B
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: SD ( ) Delete
Name: NOYES, ADELE
Address: 33 ISLEWOOD B
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PD ( ) Delete
Name: WOLLMAN, ELEANOR
Address: 34 ISLEWOOD B
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DV ( ) Delete
Name: REALE, NUNZIO
Address: 35 ISLEWOOD B
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: DUGAN, CHARLES
Address: 41 ISLEWOOD B
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Change (X) Addition
Name: ARONIN, NEAL
Address: 40 ISLEWOOD B
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR WOLLMAN D 04/02/2009

Electronic Signature of Signing Officer or Director — Date