

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90204 005 \*\*\*\*61.25

<b>DOCUMENT # 742042</b> 1. Entity Name THE ISLES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 250-181 STREET DRIVE SUNNY ISLES BEACH, FL 33160				Mailing Address 250-181 STREET DRIVE SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business		3. Mailing Address <i>250 - 181 Street</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>office</i>			
City & State		City & State <i>Sunny Isles Beach, FL</i>			
Zip	Country	Zip <i>33160</i>	Country <i>USA</i>	4. FEI Number 59-1887181	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FONTE, RAMONA 201 180 DRIVE UNIT SUNNY ISLES, FL 33160				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	DP ODORICO, ARMAND 250 181 DRIVE SUNNY ISLES BEACH, FL 33160			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DROUIN, JACQUES 250 181 DR MIAMI, FL 33160			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FONTE, RAMONA 201 180TH DRIVE, UNIT 108 SUNNY ISLES BEACH, FL 33160			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JOSE AGUIRRE 250 - 181ST DRIVE #3 16 SUNNY ISLES Bch, FL 33160			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JOSE AGUIRRE 250 - 181ST DRIVE #3 16 SUNNY ISLES Bch, FL 33160			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JOSE AGUIRRE 250 - 181ST DRIVE #3 16 SUNNY ISLES Bch, FL 33160			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JOSE AGUIRRE 250 - 181ST DRIVE #3 16 SUNNY ISLES Bch, FL 33160			<input checked="" 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: <i>Ramona Fonte</i> <i>Ramona Fonte</i> 6/1/05 305-931-7836					