

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 742042

FILED  
May 25, 2007  
Secretary of State

**Entity Name:** THE ISLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

250-181 STREET DRIVE  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

250-181 DRIVE  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

250-181 STREET  
OFFICE  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

250-181 DRIVE  
OFFICE  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 59-1887181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FONTE, RAMONA  
201 180 DRIVE  
UNIT  
SUNNY ISLES, FL 33160 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: FONTE, RAMONA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ODORICO, ARMAND  
Address: 250 181 DRIVE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DT ( ) Delete  
Name: AGUIRRE, JOSE  
Address: 250 - 180ST DRIVE #316  
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: DS ( ) Delete  
Name: FONTE, RAMONA  
Address: 201 180TH DRIVE, UNIT 106  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DT (X) Change ( ) Addition  
Name: AGUIRRE, JOSE  
Address: 250 - 180ST DRIVE  
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: DS (X) Change ( ) Addition  
Name: FONTE, RAMONA  
Address: 201 180TH DRIVE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: FONTE, RAMONA

DS

05/25/2007

Electronic Signature of Signing Officer or Director

Date