

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 26, 2008 8:00 am**  
**Secretary of State**

08-26-2008 90001 019 \*\*\*\*61.25

**DOCUMENT # 742042**

1. Entity Name  
THE ISLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
250-181 DRIVE  
SUNNY ISLES BEACH, FL 33160

Mailing Address  
250-181 DRIVE  
OFFICE  
SUNNY ISLES BEACH, FL 33160

40114384



07092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1887181

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FORTE, RAMONA  
201 180 DRIVE  
UNIT 106  
SUNNY ISLES, FL 33160

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

*Ramona Forte, Sec/Dir.*

*8/20/08*

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ODORICO, ARMAND  
250 181 DRIVE - 310  
SUNNY ISLES BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
AGUIRRE, JOSE  
250 - 180ST DRIVE - 316  
SUNNY ISLES BCH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
FORTE, RAMONA  
201 180TH DRIVE - 106  
SUNNY ISLES BEACH, FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Armando Odorico - Dir/President*

*8/20/08*

*305-931-7836*