

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90446 045 ****61.25

DOCUMENT # 742042

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1887181**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ODORICO, ARMAND
250 181 DR
SUNNY ISLES FL 33160**

7. Name and Address of New Registered Agent

Name **RAMONA FONTE**
Street Address (P.O. Box Number is Not Acceptable)
**201 180 DRIVE
UNIT
SUNNY ISLES BEACH FL 33160**

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 *Ramona Fonte*

RAMONA FONTE, Dir/Secr 2/4/03

FILE NOW: FEE IS \$61.25

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

TITLE **D** ☐ Delete
NAME **ODORICO, ARMAND**
STREET ADDRESS **250 181 DRIVE**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **D** ☐ Delete
NAME **DROUIN, JACQUES**
STREET ADDRESS **250 181 DR**
CITY-ST-ZIP **MIAMI FL 33160**

TITLE **D** ☐ Delete
NAME **BAZO, RUPINO**
STREET ADDRESS **250 181 DR**
CITY-ST-ZIP **MIAMI FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/S** ☒ Change ☐ Addition
NAME **RAMONA FONTE**
STREET ADDRESS **201 180TH DRIVE - UNIT 106**
CITY-ST-ZIP **SUNNY ISLES BEACH, FLA 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *ARMANDO ODORICO* **ARMANDO ODORICO, Pres. 1/25/03 (505) 931-8016**

CR2E037 (10/02)