

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90042 030 \*\*\*\*61.25

**DOCUMENT # N00000006392**

1. Entity Name

THE ISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

4500 PGA BOULEVARD #400  
PALM BEACH GARDENS FL 33418

Mailing Address

4500 PGA BOULEVARD #400  
PALM BEACH GARDENS FL 33418

J4U20571

2. Principal Place of Business

1930 Commerce lane

Suite, Apt. #, etc.

#1

City & State

Jupiter, FL

Zip

33458

Country

USA

3. Mailing Address

1930 Commerce lane

Suite, Apt. #, etc.

#1

City & State

Jupiter, FL

Zip

33458

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

65-1045115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SHANNON, WILLIAM E  
4500 PGA BOULEVARD #400  
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 PD  
NAME GREENE, RICHARD E ☒ Delete  
STREET ADDRESS 4500 PGA BOULEVARD #400  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE VD  
NAME SMITH, HARMON D ☒ Delete  
STREET ADDRESS 4500 PGA BOULEVARD #400  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE STD  
NAME SHANNON, WILLIAM E ☒ Delete  
STREET ADDRESS 4500 PGA BOULEVARD #400  
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

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 P ☒ Change ☐ Addition  
NAME Lloyd Maurer  
STREET ADDRESS 187 Euphrates Drive  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE VP ☒ Change ☐ Addition  
NAME Carolyn Chaplik  
STREET ADDRESS 715 Hudson Bay Drive  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE 2ndVP ☒ Change ☐ Addition  
NAME Linda Monroe  
STREET ADDRESS 619 Hudson Bay Drive  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE SEC ☒ Change ☐ Addition  
NAME Robert Keeler  
STREET ADDRESS 654 Hudson Bay Drive  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE TRES ☒ Change ☐ Addition  
NAME James Goode  
STREET ADDRESS 313 Aegean Road  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #