

2005, NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90162 035 ****61.25

DOCUMENT # N00000006392

1. Entity Name

THE ISLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1930 COMMERCE LANE
1
JUPITER FL 33458

Mailing Address

1930 COMMERCE LANE
1
JUPITER FL 33458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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 **BRISTOL MANAGEMENT SERVICES, INC**
Street Address (P.O. Box Number is Not Acceptable)
1930 COMMERCE LANE #1
City **JUPITER** FL Zip Code **33458**

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, 2005

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	P	<input type="checkbox"/> Delete
NAME	MAURER, LLOYD	
STREET ADDRESS	187 EUPHRATES DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAPLIK, CAROLYN	
STREET ADDRESS	715 HUDSON BAY DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	2V	<input type="checkbox"/> Delete
NAME	MONROE, LINDA	
STREET ADDRESS	619 HUDSON BAY DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KEELER, ROBERT	
STREET ADDRESS	654 HUDSON BAY DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	I	<input checked="" type="checkbox"/> Delete
NAME	GOODE, JAMES	
STREET ADDRESS	313 AEGEAN RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR-SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW PINEIRO	
STREET ADDRESS	154 EUPHRATES DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAROLD C. ALBIN	
STREET ADDRESS	1209 LIGURIAN ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

LLOYD MAURER

PREP 5617760120