

N000000006392

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DIVISION OF CORPORATIONS
2005 OCT 21 AM 11:57

(Requestor's Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ISLES HOMEOWNERS ASSOCIATION, INC.
(Name of corporation)

DOCUMENT NUMBER: N00000006392

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW PINEIRO, ESQ.
(Name of contact person)

PINEIRO, WORTMAN & BYRD, P.A.
(Firm/Company)

7108 FAIRWAY DR., SUITE 225
(Address)

PALM BEACH GARDENS, FL 33418
(City/state and zip code)

For further information concerning this matter, please call:

CAROLYN CHAPLIK at (561) 799-1751
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- GARY FIELDS, ESQ.
4400 PGA BOULEVARD, SUITE 900
(P.O. Box NOT acceptable)
PALM BEACH GARDENS, FL 33410

(Signature of an officer or director) ANDREW PINEIRO, VP
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

ANDREW PINEIRO, VP
(Printed or typed name and title)

I agree to act in this capacity
relative to the proper and complete performance
of my position as registered agent. Or, if I
registered office address, I hereby confirm that I

9/1/05
(Date)

(Typed or Printed Name)

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

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