


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90159 046 ****61.25

DOCUMENT # N00000006392	
1. Entity Name THE ISLES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1500 VICTORIA FALLS BLVD PALM BEACH GARDENS, FL 33410	Mailing Address 1500 VICTORIA FALLS BLVD PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-1045115	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FIELDS, GARY ESQ. 4400 PGA BLVD, STE. 900 PALM BEACH GARDENS, FL 33410	

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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	P CHAPLIK, CAROLYN
STREET ADDRESS	715 HUDSON BAY DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	<input type="checkbox"/> Delete
NAME	1V MONROE, LINDA
STREET ADDRESS	619 HUDSON BAY DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	<input checked="" type="checkbox"/> Delete
NAME	2V PINEIRO, ANDREW
STREET ADDRESS	154 EUPHRATES DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	<input type="checkbox"/> Delete
NAME	S SCHMEISING, CONNIE
STREET ADDRESS	933 MAGDALENA RD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	<input checked="" type="checkbox"/> Delete
NAME	T KLIMAS, JOSEPH
STREET ADDRESS	124 EUPHRATES CIR
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 checked="" type="checkbox"/> Addition
NAME	P Margaret Shannon
STREET ADDRESS	1111 Orinoco Way
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
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	2V Roscius Bal
STREET ADDRESS	667 Hudson Bay Dr.
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Nancy Albin
STREET ADDRESS	1209 Ligurian Rd
CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Louis Proyet
STREET ADDRESS	406 Fonseca Way
CITY-ST-ZIP	Palm Beach Gardens, FL 33410

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: Margaret Shannon **MARGARET SHANNON** 4/17/06 561-775-1419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #