

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006392

FILED
Apr 03, 2009
Secretary of State

Entity Name: THE ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1500 VICTORIA FALLS BLVD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

C/O CAPITAL REALTY
600 SANDTREE DR, STE. 109
PALM BEACH GARDENS, FL 33403

New Mailing Address:

FEI Number: 65-1045115 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAPITAL REALTY ADVISORS INC.
600 SANOTREE DR SUITE 109
WEST PALM BEACH, FL 33403 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 4V () Delete
Name: RICHARDS, BILL
Address: 121 EUPHRATES CIR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: 3V () Delete
Name: BAL, ROSCIUS
Address: 667 HUDSON BAY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: 2VP () Delete
Name: KENNEDY, PAUL
Address: 1404 JAMES BAY RD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: 1VPS () Delete
Name: PRDYECT, LOUIS
Address: 406 FONSECA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: P () Delete
Name: SHANNON, MARGARET
Address: 1111 ORINOCO WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 3V (X) Change () Addition
Name: PARRILLO, LENNIE
Address: 413 FONSECA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VPS (X) Change () Addition
Name: PROYECT, LOUIS
Address: 406 FONSECA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENNIE PARRILLO

3V

04/03/2009

Electronic Signature of Signing Officer or Director

Date