

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005797

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** ISLES AT WESTON HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CASTLE GROUP  
12270 S.W. 3RD STREET  
PLANTATION, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP  
P O BOX 559009  
FORT LAUDERDALE, FL 33355

**New Mailing Address:**

**FEI Number:** 02-0576161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE, P.A.  
1900 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 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: TD  
Name: FORCADA, RUI  
Address: 3945 W WHITEWATER AVE  
City-St-Zip: WESTON, FL 33332

Title: SD  
Name: MCDONALD, MARTHA  
Address: 3935 WEST HIBISCUS STREET  
City-St-Zip: WESTON, FL 33332

Title: PD  
Name: DISHINGER, JIM  
Address: 3924 E COQUINA WAY  
City-St-Zip: WESTON, FL 33332

Title: VPD  
Name: BHAMBHANI, NIRANJAN  
Address: 3795 EAST COQUINA WAY  
City-St-Zip: WESTON, FL 33332

I hereby 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 all other like empowered.

SIGNATURE: JIM DISHINGER

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date