2008 NOT-FOR-PROFIT CORPORATION ,ANNUAL REPORT

DOCUMENT # N04000008154

1. Entity Name
THE RESERVE AT ISLES AT BAYSHORE
HOMEOWNERS' ASSOCIATION, INC.



FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90092 021 ****70.00

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C/O M & E ASSOCIATES OF MIAMI, INC. A 13055 SW 42 Street, Suit 203		Mailing Address M&E ASSOCIATES OF N 13055 SW 42 STREET, MIAMI, FL 33175		L 1990/ALTAN ARAN ARAN ARAN ERAN ARAN ARAN ARAN AR
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052008 Chg-NP CR2E037 (12/06)
City & State		City & State		4. FEI Number Applied For 20-(100564 Not Applicable
Zip	, Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
SKRLD, INC. 201 ALHAMBRA CIRCLE			Name Street Ac	dress (P.O. Box Number is Not Acceptable)
1102 CORAL GABLES, FL 33134				
CORAL GABLES, PL 33134			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 agen	nt and title if applicable. (NOT	E: Registered Agent signatu	re required when reinstating) DATE
	Filing Fee is \$61.25	9 Election Car	npaign Financing	\$5 00 May Re Make check payable to
	Due by May 1, 2008			\$5.00 May Be Make check payable to Added to Fees Florida Department of State
		Trust Fund (
10. TITLE NAME STREET ADDRESS	Due by May 1, 2008	Trust Fund (Contribution.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VP Change Addition Kenneth Taylor 8775 5-2 221 Terrese
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND D P TAYLOR, KENNETH 8775 SW 221 TERRACE	Trust Fund (11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VP Change Addition Change Addition Miami, FL - 33190 P Arches Paterello 22221 = 87 Place
ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2008 OFFICERS AND D P TAYLOR, KENNETH 8775 SW 221 TERRACE MIAMI, FL 33190 VP PASTORELLO, ANDREA 22221 SW 87 PLACE	Trust Fund (TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VP Kenneth Taylor 8775 \$== 221 Terrse Miami, FL - 33190 P Andrea P-tarello 22221 \$== 87 Place Miomi, FL - 33170 T Change Addition Addition Change Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND D P TAYLOR, KENNETH 8775 SW 221 TERRACE MIAMI, FL 33190 VP PASTORELLO, ANDREA 22221 SW 87 PLACE MIAMI, FL 33190 D CANAL, JESUS D 8808 SW 222 TERRACE	Trust Fund (iRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VP Change Addition Change Addition Miami, FL - 33190 P Andrea P-starella 22221 SW 87 Place Miami, FL - 33170 Change Addition
ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2008 OFFICERS AND D P TAYLOR, KENNETH 8775 SW 221 TERRACE MIAMI, FL 33190 VP PASTORELLO, ANDREA 22221 SW 87 PLACE MIAMI, FL 33190 D CANAL, JESUS D 8808 SW 222 TERRACE MIAMI, FL 3J190 S JONES, JENNIFER 8781 SW 220 STREET	Trust Fund (TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VP Kenneth Taylor 8775 \$=> 221 Terrese Miomi, FL - 33190 P Andrea P-storello 22221 \$=> 87 Place Miomi, FL . 33170 T Change Addition Change Addition Change Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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