


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

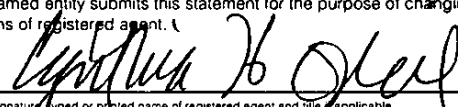
DOCUMENT # N06000011655		
1. Entity Name ISLES OF THE WORLD HOMEOWNER ASSOCIATION, INC.		

Principal Place of Business 290 COCOANUT AVENUE SARASOTA, FL 34236	Mailing Address 290 COCOANUT AVENUE SARASOTA, FL 34236
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 5455 AIA S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State St. Augustine FL
Zip	Zip 32080
Country	Country

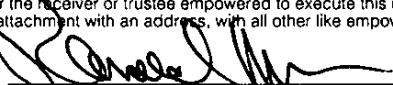
6. Name and Address of Current Registered Agent	
MUSTARI, RONALD 290 COCOANUT AVENUE SARASOTA, FL 34236	

7. Name and Address of New Registered Agent	
Name MAY MANAGEMENT Services, Inc	
Street Address (P.O. Box Number is not acceptable) 5455 AIA SOUTH	
City ST AUGUSTINE FL 32080	Zip Code FL

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 	(NOTE: Registered Agent signature required when reinstating)	DATE 2/11/08

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTARI, RONALD 290 COCOANUT AVENUE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400118325044 02/19/08--01032--007 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, J S 290 COCOANUT AVENUE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, DANIEL R 290 COCOANUT AVENUE SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 2/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
08 FEB 19 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08