2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012128

FILED Mar 23, 2009 Secretary of State

Entity Name: THE ISIS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 216 SEVEN FARMS DRIVE LONGWOOD, FL 327795044 SUITE 200 CHARLESTON, SC 29492

FEI Number: 26-2302624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RIVERSTONE RESIDENTIAL 707 MENDHAM BLVD SUITE 201 ORLANDO, FL 32825 US

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: MICHELLE ST. MICHAEL 03/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 DORAN, SHANE
 Name:

 Address:
 216 SEVEN FARMS DRIVE, SUITE 200
 Address:

Address: 216 SEVEN FARMS DRIVE, SUITE 200 Address:
City-St-Zip: CHARLESTON, SC 29492 City-St-Zip:

Title: VD () Delete Title: () Change () Addition

 Name:
 HARPER, PETE
 Name:

 Address:
 216 SEVEN FARMS DRIVE, SUITE 200
 Address:

 City-St-Zip:
 CHARLESTON, SC 29492
 City-St-Zip:

Title: TSD (X) Delete Title: () Change () Addition

 Name:
 TULLOS, GEORGE
 Name:

 Address:
 216 SEVEN FARMS DRIVE, SUITE 200
 Address:

 City-St-Zip:
 CHARLESTON, SC 29492
 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: CHERYL FERRARO CPA 03/23/2009