# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15133 (4)

1. Corporation Name
ISLES OF BOCA HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CAS 951 BROKEN SOUND PKWY.<br>SUITE 250<br>BOCA RATON FL 33487<br>US | C/O CAS 951 BROKEN SOUND PKWY.<br>SUITE 250<br>BOCA RATON FL 33487<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1986
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2713023 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 23230-H Island View
Suite, Apt. #, etc.
22
City & State
23 Boca Raton, FL
Zip 24 33433 Country 25 US

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HARGROVE, MARK
951 BROKEN SOUND PKY.
SUITE 250
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: DAVID HAAG, HAAG MANAGEMENT
82 Street Address (P.O. Box Number Is Not Acceptable): 2801 NORTH MILITARY TRAIL
83
84 City: BOCA RATON, FL 85 Zip Code: 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David Haag 3/16/95
(Name, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | V | 1.1 TITLE | P - D | ☒ Change ☐ Addition |
| NAME | SCHEINMAN, CAROLE | 1.2 NAME | DUDA, PETER | |
| STREET ADDRESS | 23061-1 AQUA VIEW | 1.3 STREET ADDRESS | 7727 STIRLING BRIDGE BLVD. N. | |
| CITY-ST-ZIP | BOCA RATON FL | 1.4 CITY-ST-ZIP | DELRAY BEACH, FL 33446 | |
| TITLE | ~~PT~~ | 2.1 TITLE | V - D | ☒ Change ☐ Addition |
| NAME | ~~LOWYAG, KATHLEEN~~ | 2.2 NAME | SCHEIMAN, CAROLE | |
| STREET ADDRESS | ~~23032-H ISLAND VIEW~~ | 2.3 STREET ADDRESS | 23109-4 AQUA VIEW | |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | 2.4 CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | ~~S~~ | 3.1 TITLE | S - D | ☒ Change ☐ Addition |
| NAME | ~~KAPLAN, SANDY~~ | 3.2 NAME | AMATO, ARLENE | |
| STREET ADDRESS | ~~23061-1 AQUA VIEW~~ | 3.3 STREET ADDRESS | 23156-E FOUNTAIN VIEW | |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | 3.4 CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | D | 4.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | DUDA, PETER | 4.2 NAME | SCHICK, MARY | |
| STREET ADDRESS | 7727 STIRLING BRIDGE BLVD., N. | 4.3 STREET ADDRESS | 23248-B ISLAND VIEW | |
| CITY-ST-ZIP | DELRAY BCH. FL | 4.4 CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | ~~D~~ | 5.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | ~~SMALL, BOB~~ | 5.2 NAME | ALTIERI, MICHAEL | |
| STREET ADDRESS | ~~23249-F ISLAND VIEW~~ | 5.3 STREET ADDRESS | 23158-5 ISLAND VIEW | |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | 5.4 CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

DRAIN REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter Duda 3/27/95 407-447-9976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0051753