

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90036 037 ****61.25

DOCUMENT # N15133

1. Entity Name

ISLES OF BOCA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

23230-H ISLAND VIEW
BOCA RATON F 33433
US

Mailing Address

23230-H ISLAND VIEW
BOCA RATON F 33433
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2713023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRACE PROPERTY MANAGEMENT
6001 S.W. 18TH ST
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Vivian G. Duda - **VIVIAN G DUDA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MISUNAS, MICHAEL	
STREET ADDRESS	23228 F FOUNTAIN VIEW	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JACOBSON, IRA	
STREET ADDRESS	23157 C FOUNTAIN VIEW	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALTIERI, MICHAEL	
STREET ADDRESS	23158-5 ISLAND VIEW	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FISHER, CARRIE	
STREET ADDRESS	23105-C FOUNTAIN VIEW	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, HARRY	
STREET ADDRESS	23104 -06 DELAND VIEW	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Demir, Sharon	
STREET ADDRESS	23140-8 Island View	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Remer, Jane	
STREET ADDRESS	23205-D FOUNTAIN View	
CITY-ST-ZIP	BOCA RATON, FL 33433	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael J. Misunas* **MICHAEL J. MISUNAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #