2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# N15133

Entity Name: ISLES OF BOCA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

23230-H ISLAND VIEW
BOCA RATON, F 33433 US

New Principal Place of Business:

1599 NW 9 AVENUE
SUITE 2
BOCA RATON, FL 33486 US

Current Mailing Address:

23230-H ISLAND VIEW
BOCA RATON, F 33433 US

New Mailing Address:

1599 NW 9 AVENUE
SUITE 2
BOCA RATON, FL 33486 US

FEI Number: 59-2713023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MISUNAS, MICHAEL
6001 S.W. 18TH ST
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MISUNAS, MICHAEL	
Address:	23228 F'FOUNTAIN VIEW	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	V	( ) Delete
Name:	BUCKLEY, ANDREA	
Address:	23086-8 ISLAND VIEW	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	TD	( ) Delete
Name:	GRANDFIELD, PRISCILLA	
Address:	23230-E ISLAND VIEW	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	S	( ) Delete
Name:	SELLERS, GLORIA	
Address:	23181-B FOUNTAIN VIEW	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	D	( ) Delete
Name:	GUTTMAN, SCOTT	
Address:	23104-2 ISLAND VIEW	
City-St-Zip:	BOCA RATON, FL 33433	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL MISUNAS PRES 01/25/2007

Electronic Signature of Signing Officer or Director — Date