2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N15135 1. Entity Name

FILED **Feb 28, 2005 8:00 am** Secretary of State 02-28-2005 90214 036 ****61.25

ISLES OF BOCA CONDOMINIUM ASSOCIATION, INC.

| Principal Place | e of Busines: | s | Mailing Address | | | | | | | | | | |
|---|---|---|--|---|--|--|---|--|-------------------|-------|------------|--|--|
| 23230-G ISLAND VIEW BOCA RATON FL 33433 | | | 23230-G ISLAND VIEW BOCA RATON FL 33433 | | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 1st MOORE CR2E037 (10/04) | | | | | | |
| City & State | | | City & State | | | | 4. FEI Number Applied For 59-2713019 Not Applicable | | | | | | |
| Zip | | Country | Zip | untry | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | | | |
| | 6. Name | and Address of Current | Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| 0.04 | | | | | | | | | | | | | |
| 600 | 1 SW 181 | PERTY MANAGEME TH STREET N FL 33433 | EN1 | | Street A | ddress (I | P.O. Box Number is N | Not Acceptable) | | | | | |
| | | | | | City | ity FL ^{Zip Code} | | | | | | | |
| 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 | | | | | | | | | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | | | | Financing | | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State | | | | | |
| 10. | | OFFICERS AND DIRECTORS 11 | | | | / | ADDITIONS/CHANG | ES TO OFFICERS | | | | | |
| TITLE NAME. STREET ADDRESS CITY-ST-ZIP | UD Delete GRANDFIELD, PRAISCILLA 23230-E ISLAND VIEW BOCA RATON FL 33433 | | | | E Me Eet address Y - St - Zip | | | | Ch 🗌 | ange | Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | MICHAEL IOUNTAIN VIEW TON FL 33433 | Delete | | - | | | | C) Ch | vange | Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHICK, M 23248-B IS BOCA RAT | | Delete | | - | | | | Ch | ange | Addition _ | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Delete JACOBSON, IRA 23157C FOUNTAIN VIEW BOCA RATON FL 33433 | | NAM STRE | THTLE D NAME REI STREET ADDRESS 23. CITY-ST-ZIP BO | | ER JAYNE OS-D FOUNTAIN VIEW A RATON F1 33433 | | Ch | Change 🗌 Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | GLORIA OUNTAIN VIEW TON FL 33433 | Delete | | E | | , | | Ct | nange | Addilion | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | Delate | | | | | | C) CI | nange | Addition | | |
| 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 attrovice empowered. SIGNATURE: | | | | | | | | | | | | | |
| SIGNAL | URE: " | SIGNATURE: | | | | | | | | | | | |