

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90295 022 \*\*\*\*61.25

**DOCUMENT # N15135**

1. Entity Name

ISLES OF BOCA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

23230-G ISLAND VIEW  
BOCA RATON FL 33433

Mailing Address

23230-G ISLAND VIEW  
BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2713019

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 SW 18TH STREET  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **MICHAEL MISUNAS**

Street Address (P.O. Box Number is Not Acceptable)  
**6001 SW 18TH ST.**

City **BOCA RATON**

FL

Zip Code **33433**

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

*Michael Misunas, TREAS*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-20-06**

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

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 **VD** ☐ Delete  
NAME **GRANDFIELD, PRAISCILLA**  
STREET ADDRESS **23230-E ISLAND VIEW**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **TD** ☐ Delete  
NAME **MISUNAS, MICHAEL**  
STREET ADDRESS **23228 F MOUNTAIN VIEW**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PD** ☐ Delete  
NAME **SCHICK, M.**  
STREET ADDRESS **23248-B ISLAND VIEW**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☐ Delete  
NAME **REMER, JAYNE**  
STREET ADDRESS **23205-D FOUNTAIN VIEW**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **SD** ☐ Delete  
NAME **SELLERS, GLORIA**  
STREET ADDRESS **23181-B FOUNTAIN VIEW**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Misunas*

*Michael Misunas* 3-20-06

561  
447-9976