

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15135

FILED  
Jan 25, 2007  
Secretary of State

**Entity Name:** ISLES OF BOCA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

23230-G ISLAND VIEW  
BOCA RATON, FL 33433

**New Principal Place of Business:**

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

**Current Mailing Address:**

23230-G ISLAND VIEW  
BOCA RATON, FL 33433

**New Mailing Address:**

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

**FEI Number:** 59-2713019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MISUNAS, MICHAEL  
6001 SW 18TH STREET  
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: VD ( ) Delete  
Name: GRANDFIELD, PRAISCILLA  
Address: 23230-E ISLAND VIEW  
City-St-Zip: BOCA RATON, FL 33433

Title: TD ( ) Delete  
Name: MISUNAS, MICHAEL  
Address: 23228 F MOUNTAIN VIEW  
City-St-Zip: BOCA RATON, FL 33433

Title: PD ( ) Delete  
Name: SCHICK, M.,  
Address: 23248-B ISLAND VIEW  
City-St-Zip: BOCA RATON, FL

Title: D ( ) Delete  
Name: REMER, JAYNE  
Address: 23205-D FOUNTAIN VIEW  
City-St-Zip: BOCA RATON, FL 33433

Title: SD ( ) Delete  
Name: SELLERS, GLORIA  
Address: 23181-B FOUNTAIN 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: PRAISCILLA GRANDFIELD

V

01/25/2007

Electronic Signature of Signing Officer or Director

Date