

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 05, 2009
Secretary of State

DOCUMENT# N15890

Entity Name: THE ISLE AT MISSION BAY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O QUALITY MANAGEMENT GROUP
9045 LA FONTANA BLVD STE 101
BOCA RATON, FL 33434 US**New Principal Place of Business:****Current Mailing Address:**C/O QUALITY MANAGEMENT GROUP
9045 LA FONTANA BLVD STE 101
BOCA RATON, FL 33434 US**New Mailing Address:****FEI Number:** 59-2744057**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SACHS AND SAX, P.A.
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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:** P () Delete
Name: MICCIANTUONO, VINCE
Address: 9045 LA FONTANA BLVD SUITE 201
City-St-Zip: BOCA RATON, FL 33434 US**Title:** VP () Delete
Name: DE SOUZA, IVAN
Address: 9045 LA FONTANA BLVD SUITE 102
City-St-Zip: BOCA RATON, FL 33434**Title:** T () Delete
Name: BLACK, MARTIN
Address: 9045 LA FONTANA BLVD SUITE 101
City-St-Zip: BOCA RATON, FL 33434**Title:** S () Delete
Name: DARR, JAY
Address: 9045 LA FONTANA BLVD SUITE 101
City-St-Zip: BOCA RATON, FL 33434**Title:** D () Delete
Name: GOULD, DARA
Address: 9045 LA FONTANA BLVD SUITE 101
City-St-Zip: BOCA RATON, FL 33434**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:** D (X) Change () Addition
Name: ALTHEIMER, JOE
Address: 9045 LA FONTANA BLVD SUITE 101
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify 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: VINCENT MICCIANTUONO

P

10/05/2009

Electronic Signature of Signing Officer or Director

Date