

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

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90352 003 \*\*\*\*61.25

<b>DOCUMENT # N27726</b> 1. Entity Name <b>ISLES OF BOCA CONDOMINIUM, SECTION II ASSOCIATION, INC.</b>					
Principal Place of Business <b>6001 SW 18TH ST CLUBHOUSE BOCA RATON FL 33433 US</b>			Mailing Address <b>23230G ISLAND VIEW BOCA RATON FL 33433 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3097566</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GRACE PROPERTY MGMNT C/O VIVIAN DUDA 6001 SW 18TH ST BOCA RATON FL 33431</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERRY, CLIFFORD</b> <b>23158-3 ISLAND VIEW</b> <b>BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WARREN, CAROLE</b> <b>23104-G ISLAND VIEW</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD- WARREN, CAROLE</b> <b>23104-G ISLAND VIEW</b> <b>BOCA RATON, FL 33433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BURTON, JAMES</b> <b>23158-1 ISLAND VIEW</b> <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD BURTON, JAMES</b> <b>23158-1 ISLAND VIEW</b> <b>BOCA RATON, FL 33433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHMITZ, RONALD</b> <b>23060-6 AQUA VIEW</b> <b>BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BUCKLEY, ANDREA</b> <b>23086-8 ISLAND VIEW</b> <b>BOCA RATON, FL 33433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SDTD</b> <b>DEMIR, SHARON</b> <b>23140-8 ISLAND VIEW</b> <b>BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ALTIERI, MICHAEL</b> <b>23158-5 ISLAND VIEW</b> <b>BOCA RATON FL 33433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GUTTMAN SCOTT</b> <b>23104-2 ISLAND VIEW</b> <b>BOCA RATON, FL 33433</b>	
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 other like empowered.					
<b>SIGNATURE:</b> <i>Andrea Buckley</i> President			4-13-05		561-447-9976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #