

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

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90210 046 ****61.25

DOCUMENT # N27726

1. Entity Name

ISLES OF BOCA CONDOMINIUM, SECTION II
ASSOCIATION, INC.



Principal Place of Business

6001 SW 18TH ST
CLUBHOUSE
BOCA RATON FL 33433
US

Mailing Address

23230G ISLAND VIEW
BOCA RATON FL 33433
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3097566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRACE PROPERTY MGMNT
C/O VIVIAN DUDA
6001 SW 18TH ST
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name *Robert Kaye & Associates P.A.*

Street Address (P.O. Box Number is Not Acceptable)

6261 NW 6th Way

Suite *103*

City *Fort Lauderdale*

FL

Zip Code *33309*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 *SD* ☒ Delete
NAME *WARREN, CAROLE*
STREET ADDRESS *23104-G ISLAND VIEW*
CITY-ST-ZIP *BOCA RATON FL 33433*

TITLE *TD* ☒ Delete
NAME *BURTON, JAMES*
STREET ADDRESS *23158-1 ISLAND VIEW*
CITY-ST-ZIP *BOCA RATON FL 33433*

TITLE *PD* ☒ Delete
NAME *BÜCKLEY, ANDREA*
STREET ADDRESS *23086-8 ISLAND VIEW*
CITY-ST-ZIP *BOCA RATON FL 33433*

TITLE *V* ☒ Delete
NAME *ALTIERI, MICHAEL*
STREET ADDRESS *23158-5 ISLAND VIEW*
CITY-ST-ZIP *BOCA RATON FL 33433*

TITLE *D* ☒ Delete
NAME *GUTTMAN, SCOTT*
STREET ADDRESS *23104-2 ISLAND 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 *P* ☒ Change ☐ Addition
NAME *LOUIS VITO*
STREET ADDRESS *23060-4 AQUA VIEW*
CITY-ST-ZIP *BOCA RATON, FL 33433*

TITLE *V* ☒ Change ☐ Addition
NAME *CAROLE WARREN*
STREET ADDRESS *23104-G ISLAND VIEW*
CITY-ST-ZIP *BOCA RATON, FL 33433*

TITLE *S/T* ☒ Change ☐ Addition
NAME *SHARON DEMIR*
STREET ADDRESS *23140-8 ISLAND VIEW*
CITY-ST-ZIP *BOCA RATON, FL 33433*

TITLE *D* ☒ Change ☐ Addition
NAME *KEVIN CAVANAUGH*
STREET ADDRESS *23086-3 ISLAND VIEW*
CITY-ST-ZIP *BOCA RATON, FL 33433*

TITLE *D* ☒ Change ☐ Addition
NAME *RONALD SCHMITZ*
STREET ADDRESS *23060-6 AQUA VIEW*
CITY-ST-ZIP *BOCA RATON, FL 33433*

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: *X*

LOUIS VITO

4-19-06 561 447-9976