2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N27726

Entity Name: ISLES OF BOCA CONDOMINIUM, SECTION II ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3097566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES P.A.
6261 NW 6TH WAY
FORT LAUDERDALE, FL 33309 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: VITO, LOUIS
Address: 23060 AQUA VIEW
City-St-Zip: BOCA RATON, FL 33433

Title: V ( ) Delete
Name: WARREN, CAROLE
Address: 23104-6 ISLAND VIEW
City-St-Zip: BOCA RATON, FL 33433

Title: ST ( ) Delete
Name: DEMIR, SHARON
Address: 23140-8 ISLAND VIEW
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete
Name: CAVANAUGH, KEVIN
Address: 23086-3 ISLAND VIEW
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete
Name: SCHMITZ, RONALD
Address: 23060-6 AQUA VIEW
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHMITZ, RON
Address: 23060 -6 AQUA VIEW DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: VP (X) Change ( ) Addition
Name: WARREN, HARRY
Address: 23104-6 ISLAND VIEW
City-St-Zip: BOCA RATON, FL 33433

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 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: RON SCHMITZ P 04/10/2008

Electronic Signature of Signing Officer or Director — Date