

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32508

FILED
Mar 23, 2011
Secretary of State

Entity Name: ISLES COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

WEST MARION AVENUE
2521 W MARION AVENUE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

C/O STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0125042 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STAR HOSPITALITY MGMT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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: S
Name: CHICK, JOSEPH
Address: 2521 N MARION AVE #112
City-St-Zip: PUNTA GORDA, FL 33950

Title: D
Name: HUFFARD, WILLIAM
Address: 2521 W MARION AVE #912
City-St-Zip: PUNTA GORDA, FL 33950

Title: T
Name: MILLER, JOHN
Address: 2521 W. MARION AVE #3412
City-St-Zip: PUNTA GORDA, FL 33950

Title: P
Name: BROWN, RICHARD
Address: 2521 W MARION AVE #711
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP
Name: SHEPPARD, JANE
Address: 2521 W MARION AVE #311
City-St-Zip: PUNTA GORDA, FL 33950

I hereby 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 all other like empowered.

SIGNATURE: RICHARD BROWN

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03/23/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date