

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

FILED

Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N40343	
1. Entity Name	
THE ISLES RECREATION ASSOCIATION, INC.	



Principal Place of Business	Mailing Address
PAT RICHARDSON ISLES RECREATION ASSOC 4295-B ISLAND CIRCLE FT. MYERS FL 33919	4295-B ISLAND CIRCLE FT. MYERS FL 33919



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

65-0250341

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent	
RICHARDSON, PATRICIA 4295-B ISLAND CIRCLE FT. MYERS FL 33919	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	SEC <input type="checkbox"/> Delete
NAME	ROBITAILLE, BUD
STREET ADDRESS	9644 HALTARDS CT
CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	D <input type="checkbox"/> Delete
NAME	CURRY, RICHARD
STREET ADDRESS	9854 CALOOSA YACHT & RACQUET CLUB DR
CITY-ST-ZIP	FT MYERS FL 33919
TITLE	TD <input type="checkbox"/> Delete
NAME	DERRILL, DARE
STREET ADDRESS	9658-13 HALYARDS CT
CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	D <input type="checkbox"/> Delete
NAME	ROMARO, RON
STREET ADDRESS	9639-11 HALYARDS CT.
CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	P <input type="checkbox"/> Delete
NAME	ORR, LADD
STREET ADDRESS	2595-24 HALYARDS CT.
CITY-ST-ZIP	FORT MYERS FL 33919
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	UN0000416024
STREET ADDRESS	02/11/06-80108-004 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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: *[Signature]* 1/31/06 339-482-4592