2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# N42405

Entity Name: THE ISLES AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1413 NW 179TH AVENUE
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

1413 NW 179TH AVENUE
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 65-0297292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDSTEIN, PAULA
1413 NW 179TH AVENUE
PEMBROKE PINES, FL 33029 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: PD ( ) Delete
Name: MINNAUGH, VICKI A
Address: 17905 NW 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: SD ( ) Delete
Name: FERBER, DEBORAH
Address: 1412 NW 179TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D ( ) Delete
Name: BARROWMAN, SANDRA
Address: 1423 NW 178 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: TD ( ) Delete
Name: GOLDSTEIN, PAULA
Address: 1413 NW 179 AVE.
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VD ( ) Delete
Name: BAXTER, ALAN
Address: 17809 NW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BORZEN, FRANK
Address: 17829 NW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: PAULA GOLDSTEIN TD 02/06/2009

Electronic Signature of Signing Officer or Director — Date