

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90100 045 \*\*\*\*61.25

<b>DOCUMENT # N45931</b>					
<b>1. Entity Name</b> ISLES GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 810 VIA TRIPOLI PUNTA GORDA, FL 33950    US			<b>Mailing Address</b> 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950    US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0345024	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GREENE, JOAN F 100 SULLIVAN ST. STE. 112 PORT CHARLOTTE, FL 33952			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURT, R. 1217 GORDA CAY PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TWEDT, MYRNA 812 VIA TRIPOLI PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRAHM, ROBERT 822 VIA TRIPOLI PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
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