2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N45931**

FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90100 045 ****61.25

1. Entity Name ISLES GARDEN VILLAS CONDOMINIUM ASSOCIATION, INC.)				
810 VIA TRIF	ee of Business POLI DA, FL 33950 US	Mailing Address 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33	950 l	JS	' 				B 1 1 1 1
2. Principal Place of Business 3. A		3. Mailing Address	lailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			hg-NP	CR2E037 (1	1/05)	
City & State		City & State	City & State		4. FEI Number 65-034502	24			plied For Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of S	tatus Desired		75 Addi Required	itional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
GREENE, JOAN F			Street Address (P.O. Box Number is Not Acceptable)						
100 SULLI STE, 112	IVAN ST.		Street Address			Not Acceptable			
PORT CH	ARLOTTE, FL 33952		City				FL	Zip Code	1
8. The above	e named entity submits this statement for	ed office or registe	ered agent, or both, in	the State of Flo		ar with, a	and accept		
the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2006 Trust Fund Contribu				- 40:00 May be					
10.	OFFICERS AND DI	RECTORS	11,		ADDITIONS/CHANG	ES TO OFFICE	•		
NAME STREET ADDRESS CITY-ST-ZIP	PD HURT, R. 1217 GORDA CAY PUNTA GORDA, FL 33950	□ Delete						Change	☐ Addition(
TITLE	STD	🗹 Delete	TITLE	50	DELLE DELLE M			Change	Addition
NAME STREET ADDRESS	TWEDT, MYRNA 812 VIA TRIPOLI		NAME STREE	ET ADDRESS	10LD OWEN 5 GORDA INTA GORDA	ray			.
CITY-ST-ZIP	PUNTA GORDA, FL 33950			ي م ST-ZIP	INTA GORDA	fl 3	3950		
TITLE	VPD	_ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	BRAHM, ROBERT 822 VIA TRIPOLI		NAME STREE	ET ADDRESS					
CITY-ST-ZIP	PUNTA GORDA, FL 33950		СПУ-	-ST - ZIP					
TITLE NAME STREET ADDRESS		Delete	TITLE NAME					Change	☐ Addition
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE	1				Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	[Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS					
CITY-ST-ZIP			CITY-	-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 appear, ment with an address, with all other like empowered.									