FILE NOW: FILING FEE IS \$61.25 OF 1-16-96

NONPROFIT CORPORATION ANNUAL REPORT



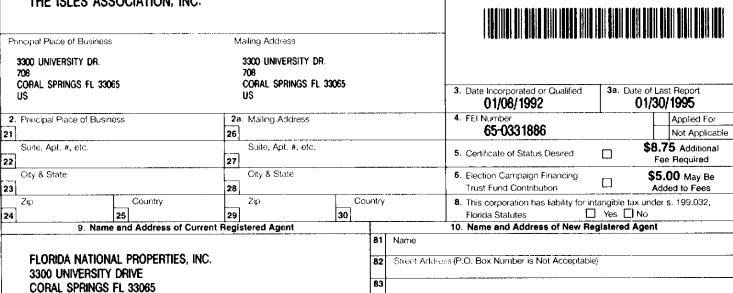
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # N46739

(1)

THE ISLES ASSOCIATION, INC.



11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

84

City

SIGNATURE Signative, typico or printed frame of registered alyeot and late 1 apply able (NOTE: Registered Agent signature reduced when remistating) DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		RS IN 12
TiTuE	PD	DELEJE	NA TIFLE		Change	Addition .
NAME	MCGOWAN, JAMES P.		1.2 NAME			
STREET ADDRESS	3300 UNIVERSITY DRIVE		1 3 STREET ADDRESS			
CITY-SI-ZIF	CORAL SPRINGS FL		14 CITY - ST - ZIP			33065
TITLE	SD	□ DELETE	2.1 TITLE		Change	Addition
NAME	TARAVELLA, J.P. JR.		2.2 NAME			
STHEET ADDRESS	3300 UNIVERSITY DRIVE		2.3 STREET ADDRESS			
C-TY - ST - 71P	CORAL SPRINGS FL		2 4 CITY - ST - ZIP			33065
TITLE	TD	[]DELETE	3 1 TITLE		Change	K Addition
NAME	PASOLLI, SCOTT A.		3 2 NAME			
STREET ADDRESS	3300 UNIVERSITY DRIVE		3 3 STREET ADDRESS			33065
CITY - ST - ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP			
TOTLE		[]DELETE	4.1 TITLE	D	☐ Change	Addition
NAME			4. 2 NAME	Gary Betensky		
STREET ADDRESS			4.3 STREET ADDRESS	1025 N.W. 121st Lane		
CITY - ST - ZIP			4.4 CITY - ST - ZIP	Coral Springs, FL 33071		
TEFLE		□]DELETE	5 1 TITLÉ	D .	☐ Change	X Addition
NAME			5.2 NAME	DR. ALVIN SHULKLAPPER		
STREET ADDRESS			5 3 STREET ADDRESS	12181 N.W. 9TH PLACE		
CITY - ST - ZIP			54 CITY - ST - ZIP	CORAL SPRINGS, FL 33071		
T:TLE		[]]DELETE	6 1 TITLE	330/1	Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
C-TY-ST-ZiP			6 4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J.P. Taravella, Jr., Secretary RINE NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

954-752-1100

Zip Code

85

Daytime Phone #