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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46739** (1)
1. Corporation Name
THE ISLES ASSOCIATION, INC.



Principal Place of Business Mailing Address
3300 UNIVERSITY DR. 3300 UNIVERSITY DR.
708 708
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4133
US US

3. Date Incorporated or Qualified **01/08/1992** 3a. Date of Last Report **01/25/1996**
4. FEI Number **65-0331886** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUNRAE MANAGEMENT SERVICES, INC.** 27 **SUNRAE MANAGEMENT SERVICES, INC.**
City & State City & State
23 **4000 N. STATE RD. 7 STE. 408A LAUDERDALE LAKES, FL 33319** 28 **4000 N. STATE RD. 7 STE. 408A LAUDERDALE LAKES, FL 33319**
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
FLORIDA NATIONAL PROPERTIES, INC.
3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent
81 Name **SUNRAE MANAGEMENT SERVICES, INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **4000 N. STATE RD. SEVEN**
83 **Suite 408-A**
84 City **Lauderdale Lakes** FL 85 Zip Code **33319**

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.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MCGOWAN, JAMES P.
STREET ADDRESS	3300 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	TARAVELLA, J.P. JR.
STREET ADDRESS	3300 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	PASOLI, SCOTT A.
STREET ADDRESS	3300 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BETENSKY, GARY
STREET ADDRESS	1025 NW 121ST LANE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SHULKLAPPER, DR. ALVIN
STREET ADDRESS	12181 NW 9TH PLACE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DR. SILBIGER, GILBERT
1.3 STREET ADDRESS	12143 NW 9TH PLACE
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHAZEN IRVING
2.3 STREET ADDRESS	1031 NW 121ST TERRACE
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHETEK, STEPHEN
3.3 STREET ADDRESS	1033 NW 121ST WAY
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BETENSKY, GARY
4.3 STREET ADDRESS	1025 NW 121ST LANE
4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Shulkapper, Dr. Alvin
5.3 STREET ADDRESS	12181 NW 9th Place
5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Alvin Shulkapper** 4/11/97 7532416
Date Daytime Phone # 0022276

CR2E037 (9/96)