


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90275 048 ****61.25

DOCUMENT # N46739					
1. Entity Name THE ISLES ASSOCIATION, INC.					
Principal Place of Business % SUNRAE MANAGEMENT 7071 WEST COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319 US		Mailing Address % SUNRAE MANAGEMENT 7071 WEST COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0331886	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUNRAE MANAGEMENT SERVICES INCNC % SUNRAE MANAGEMENT 7071 WEST COMMERCIAL BLVD SUITE 2B TAMARAC, FL 33319			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENJAMIN, LEWIS MD		NAME	JIM WEIDNER	
STREET ADDRESS	12156 NW 9TH PLACE		STREET ADDRESS	1014 NW 121 LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAZEN, IRVING		NAME	RICHARD AMADO	
STREET ADDRESS	1031 NW 121ST TERRACE		STREET ADDRESS	12137 NW 9TH DRIVE	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33071		CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, JAY		NAME		
STREET ADDRESS	1032 N.W. 121 WAY		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMARE, SALVATOR		NAME		
STREET ADDRESS	12167 NE 9 PLACE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIDNER, JAMES		NAME		
STREET ADDRESS	1014 NW 121 LANE		STREET ADDRESS		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33071		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Salvator Dimare Pres.</i>			Date: 4/16/05		Daytime Phone #: 954 733-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
SALVATOR A. DIMARE PRES.					

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