


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 15, 2007 8:00 am**  
**Secretary of State**

06-15-2007 90022 007 \*\*\*\*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

40120899



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01312007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 65-0331886

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SUNRAE MANAGEMENT SERVICES INCNC  
 % SUNRAE MANAGEMENT  
 7071 WEST COMMERCIAL BLVD SUITE 2B  
 TAMARAC, FL 33319

7. Name and Address of New Registered Agent  
 Name: SUNRAE PROPERTY MANAGEMENT  
 Street Address (P.O. Box Number is Not Acceptable)  
 City: TAMARAC FL Zip Code: 33319

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: JEFF GOBERT  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	BENJAMIN, LEWIS MD	
STREET ADDRESS	12156 NW 9TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEIDNER, JIM	
STREET ADDRESS	1014 NW 121 LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	AMADO, RICHARD	
STREET ADDRESS	12137 NW 9TH DRIVE	
CITY-ST-ZIP	CORALSPRINGS, FL 33071	
TITLE	P	<input type="checkbox"/> Delete
NAME	DIMARE, SALVATOR	
STREET ADDRESS	12167 NE 9 PLACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEIDNER, JAMES	
STREET ADDRESS	1014 NW 121 LANE	
CITY-ST-ZIP	POMPANO BEACH, FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KREMEN, BERNARD	
STREET ADDRESS	12045 NW 9 PL	
CITY-ST-ZIP	POMPANO BEACH, FL 33071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	12163 NW 10th MANOR	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOROWITZ, TERRY	
STREET ADDRESS	1033 NW 121st WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like employment.

SIGNATURE: Salvator A. Demare 05/03/07 954-755-2795  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SALVATOR A. DEMARE