


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90037 036 ****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 - No P.O. Box #
elo Swift Management
 Suite, Apt. #, etc.
1750 University Drive #205

3. Mailing Address
1750 University
 Suite, Apt. #, etc.
#205

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip Country
33071 USA

Zip Country
33071 USA

40019163



01222008 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 PROPERTY MANAGEMENT
 % SUNRAE MANAGEMENT
 7071 WEST COMMERCIAL BLVD SUITE 2B
 TAMARAC, FL 33319

7. Name and Address of New Registered Agent

Name *Swift Management Solutions*
 Street Address (P.O. Box Number is Not Acceptable)
1750 University Drive
#205
 City *Coral Springs* FL Zip Code *33071*

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 
 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
Due by May 1, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP | SD BENJAMIN, LEWIS MD 12156 NW 9TH PLACE CORAL SPRINGS, FL 33071 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DIMARE, SALVATOR 12167 NE 9 PLACE CORAL SPRINGS, FL 33071 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HOROWITZ, TERRY 1033 NW 121ST WAY CORAL SPRINGS, FL 33071 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ROBINSON, WILLIAM 12163 NW 10TH MANOR CORAL SPRINGS, FL 33071 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Berlin, Judy 1051 NW 121st Terrace Coral Springs, FL 33071 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *1/31/08* Daytime Phone # *954-341-6340*