

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46739

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: THE ISLES ASSOCIATION, INC.

## Current Principal Place of Business:

C/O SWIFT MGMT  
1750 UNIVERSITY DR 205  
POMPANO BEACH, FL 33071 US

## New Principal Place of Business:

## Current Mailing Address:

C/O SWIFT MGMT  
1750 UNIVERSITY DR 205  
POMPANO BEACH, FL 33071 US

## New Mailing Address:

FEI Number: 65-0331886      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWIFT MGMT SOLUTION  
1750 UNIVERSITY DR  
STE 205  
POMPANO BEACH, FL 33071 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: BENJAMIN, LEWIS MD  
Address: 12156 NW 9TH PLACE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P ( ) Delete  
Name: DIMARE, SALVATOR  
Address: 12167 NE 9 PLACE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD ( ) Delete  
Name: HOROWITZ, TERRY  
Address: 1033 NW 121ST WAY  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD ( ) Delete  
Name: ROBINSON, WILLIAM  
Address: 12163 NW 10TH MANOR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D ( ) Delete  
Name: BERLIN, JUDY  
Address: 1051 NW 121ST TERR  
City-St-Zip: POMPANO BEACH, FL 33071

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PILLINGER, DENNIS  
Address: 12148 NW 9 DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BERLIN, JUDY  
Address: 1051 NW 121ST TERR  
City-St-Zip: POMPANO BEACH, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATOR DIMARE

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date