


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90375 008 ****61.25

DOCUMENT # N46739

1. Entity Name
THE ISLES ASSOCIATION, INC.



Principal Place of Business Mailing Address

% SUNRAE MANAGEMENT **% SUNRAE MANAGEMENT**
7071 WEST COMMERCIAL BLVD SUITE 2B **7071 WEST COMMERCIAL BLVD SUITE 2B**
TAMARAC FL 33319 **TAMARAC FL 33319**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State



CHECK HERE IF MAKING CHANGES

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

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 *Karen Busch*

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

FILE NOW: FEE IS \$61.25

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 checked="" type="checkbox"/> Delete
NAME	WEIDENER, JIM	
STREET ADDRESS	1014 N.W. 121 LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	P	<input type="checkbox"/> Delete
NAME	CHAZEN, IRVING	
STREET ADDRESS	1031 NW 121ST TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EISENBERG, JAY	
STREET ADDRESS	1032 N.W. 121 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VP	<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	PEGUES, DON	
STREET ADDRESS	12146 N.W. NINTH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benjamin, MD, Lewis	
STREET ADDRESS	12150 NW 9th Place	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chazen, Irving	
STREET ADDRESS	1031 NW 121st Terrace	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dimare, Salvator	
STREET ADDRESS	12167 NW 9th Place	
CITY-ST-ZIP	Coral Springs, FL 33071	
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 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: *[Signature]* **SIGNATURE REQUIRED** *President 4/16/03*

CR2E037 (10/02)