

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000211

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** ISLEWORTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11902 RACE TRACK ROAD  
TAMPA, FL 33626 US

**New Principal Place of Business:**

**Current Mailing Address:**

11902 RACE TRACK ROAD  
TAMPA, FL 33626 US

**New Mailing Address:**

**FEI Number:** 59-3275385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THE PROPERTY GROUP OF CENTRAL FLORIDA, INC  
11902 RACE TRACK ROAD  
TAMPA, FL 33626 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: DP ( ) Delete  
Name: RESMONDO, GARY  
Address: 1801 ISLEWORTH CT  
City-St-Zip: OLDSMAR, FL 34677

Title: DVP ( ) Delete  
Name: ANDERSON, JENNIFER  
Address: 1802 ISLEWORTH CT  
City-St-Zip: OLDSMAR, FL 34677

Title: DT ( ) Delete  
Name: ALGOOD, JOHN  
Address: 1805 ISLEWORTH CT  
City-St-Zip: OLDSMAR, FL 34677

Title: DS ( ) Delete  
Name: ANDERSON, TOM  
Address: 1802 ISLEWORTH CT  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY RESMONDO

DP

04/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date