

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001935 (4)

1. Corporation Name

ISLE DE LA MAISON HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

900 NORTH FEDERAL HIGHWAY
SUITE 380
BOCA RATON FL 33432

Mailing Address

900 NORTH FEDERAL HIGHWAY
SUITE 380
BOCA RATON FL 33432

3. Date Incorporated or Qualified
04/19/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2801 N. MILITARY TRAIL
Suite, Apt. #, etc.

26 2801 N. MILITARY TRAIL
Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

23 Boca RATON, FL
City & State

28 Boca RATON, FL
City & State

24 33431
Zip Country

29 33431 30 PALM BEACH
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, JEFFREY A
900 NORTH FEDERAL HIGHWAY
SUITE 380
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PD
NAME GORDON, GARY
STREET ADDRESS 900 NORTH FEDERAL HIGHWAY, SUITE 380
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D VPTD
NAME KOOLIK, IAN
STREET ADDRESS 900 NORTH FEDERAL HIGHWAY, SUITE 380
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D SD
NAME BASS, LAURA
STREET ADDRESS 900 NORTH FEDERAL HIGHWAY, SUITE 380
CITY-ST-ZIP BOCA RATON FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D PSD
1.2 NAME GORDON, GARY
1.3 STREET ADDRESS 101 S. CONGRESS AVE.
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

407 272 2442

Daytime Phone #

3-30-96

CR2E037 (12/95)