FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # N95000001935 (4)

1. Corporation Name

ISLE DE LA MAISON HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2801 N MILITARY TR BOCA RATON FL 33431	2801 N MILITARY TR BOCA RATON FL 33431

3. Date Incorporated or Qualified: 04/19/1995

4. FEI Number: 65-0578612 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4726 So. OCEAN BLVD	26 4726 So. OCEAN BLVD
Suite, Apt. #, etc. 22 # —	Suite, Apt. #, etc. 27 —
City & State 23 HIGHLAND BEACH FL	City & State 28 HIGHLAND BEACH FL
Zip / Country 24 33487 / 25 PALM BEACH	Zip / Country 29 33487 / 30 PALM BEACH

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☑ DELETE	1.1 TITLE	PSD	☑ Change ☐ Addition
NAME	GORDON, GARY		1.2 NAME	THOMAS D. CALI	
STREET ADDRESS	101 S CONGRESS AVE		1.3 STREET ADDRESS	4726 So OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	VPTD	☑ DELETE	2.1 TITLE	V PRES	☑ Change ☐ Addition
NAME	KOOLIK, IAN		2.2 NAME	KOOLIK, STEVE	
STREET ADDRESS	900 NORTH FEDERAL HIGHWAY, SUITE 380		2.3 STREET ADDRESS	4722 So OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	BASS, LAURA		3.2 NAME	BOVARNICK, DAVID	
STREET ADDRESS	900 NORTH FEDERAL HIGHWAY, SUITE 380		3.3 STREET ADDRESS	4784 So OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432		3.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE		☐ DELETE	4.1 TITLE	TREA.	☐ Change ☑ Addition
NAME			4.2 NAME	FORD, RICHARD	
STREET ADDRESS			4.3 STREET ADDRESS	4700 So. OCEAN BLVD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: SIGNATURE REQUIRED 1/7/98 (561) 750-4562