


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000001935	
1. Entity Name ISLE DE LA MAISON HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 4726 S OCEAN BLVD HIGHLAND BEACH, FL 33487 US	Mailing Address 4726 S OCEAN BLVD HIGHLAND BEACH, FL 33487 US
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01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0578612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVINE, JEFFREY A 900 NORTH FEDERAL HIGHWAY SUITE 380 BOCA RATON, FL 33432	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000581613 01/10/07-80094-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CALI, THOMAS D 4726 S OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOOLIK, STEVE 4722 S OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOVARNICK, DAVID 4724 S OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, RICHARD 4720 S OCEAN BLVD HIGHLAND BEACH, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Thomas D. Cali* **1/10/07 561 750-4562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #