

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001935

FILED
Jan 08, 2009
Secretary of State

Entity Name: ISLE DE LA MAISON HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4726 S OCEAN BLVD
HIGHLAND BEACH, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

4726 S OCEAN BLVD
HIGHLAND BEACH, FL 33487 US

New Mailing Address:

4726 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FL 33487 US

FEI Number: 65-0578612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEVINE, JEFFREY A
4726 SOUTH OCEAN BLVD.
SUITE 380
HIGHLAND BEACH, FL 33487-530 US

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:

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CALI, THOMAS D
Address: 4726 S OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VPD () Delete
Name: KOOLIK, STEVE
Address: 4722 S OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: SD () Delete
Name: BOVARNICK, DAVID
Address: 4724 S OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: T () Delete
Name: FORD, RICHARD
Address: 4720 S OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CALI, THOMAS D PRES.
Address: 4726 S OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: VPD (X) Change () Addition
Name: KOOLIK, STEVE V.PRES.
Address: 4722 S OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: SD (X) Change () Addition
Name: BOVARNICK, DAVID SEC.
Address: 4724 S OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: T (X) Change () Addition
Name: FORD, RICHARD TREAS.
Address: 4720 S OCEAN BLVD
City-St-Zip: HIGHLAND BEACH, FL 33487

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS D. CALI

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date