## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002238

FILED Mar 30, 2009 Secretary of State

Entity Name: ISLE OF MARGATE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 6340 NW 2ND ST MARGATE, FL 33063 **Current Mailing Address: New Mailing Address:** 6340 NW 2ND ST MARGATE, FL 33063 FEI Number: 65-0917611 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KATZMAN GARFINKEL, P.A. 1501 N.W. 49TH ST. SUITE 202 FT. LAUDERDALE, FL 33309 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CAMPTON, MARGARET Name: Name: 6340 NW 2ND ST Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: ( ) Delete Title: () Change () Addition LIU, JOHN Name: Name: Address: 6261 NW 2ND ST. Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: Title: () Delete Title: SEC (X) Change ( ) Addition RAMSARAN, LAURIE RAMSARAN, LAURIE Name: Name: 6330 NW 2ND ST Address: Address: 6330 NW 2ND ST City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 Title: вм () Delete Title: (X) Change ( ) Addition Name: GUY, EARLINE Name: THOMAS-WILLIAMS, TESSA 6341 NW 2ND ST Address: 6281 NW 2ND ST Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 Title: BM ( ) Delete Title: BM (X) Change ( ) Addition LONGSHAW, DENISE GUY, EARLINE Name: Name: 6251 NW 2ND ST 6281 NW 2ND ST Address: Address: City-St-Zip: MARGATE, FL 33063 City-St-Zip: MARGATE, FL 33063 Title: () Delete Title: (X) Change ( ) Addition REILLY, VINCENT SMITH. YVONNE Name: Name: Address: 6320 NW 2ND ST Address: 6241 NW 2ND ST MARGATE, FL 33063 MARGATE, FL 33063 City-St-Zip: City-St-Zip:

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: MARGARET T. CAMPTON PD 03/30/2009