

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 22, 2009
Secretary of State

DOCUMENT# N99000004886

Entity Name: THE ISLES AT WELLINGTON COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**%MMI OF THE PALM BEACHES
4325 ISLE VIST BLVD
WELLINGTON, FL 33449 US**New Principal Place of Business:****Current Mailing Address:**%MMI OF THE PALM BEACHES
4325 ISLE VIST BLVD
WELLINGTON, FL 33449 US**New Mailing Address:****FEI Number:** 65-0081665 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**D'ANNA, RONALD E
2300 GLADES ROAD
SUITE 400 EAST TOWER
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**SOLOMON, BEN E
1666 KENNEDY CAUSEWAY
SUITE 305
N. BAY VILLAGE, FL 33141 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: BEN SOLOMON, ESQ

10/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: CAFARO, GREG
Address: 11134 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33449**Title:** VP () Delete
Name: CONDORA, CHRIS
Address: 11143 MARITIME COURT
City-St-Zip: WELLINGTON, FL 33449**Title:** S () Delete
Name: DENNIS, SLATTERY
Address: 4621 WINDWARD COVE
City-St-Zip: WELLINGTON, FL 33449**Title:** T () Delete
Name: BOB, WINTERFELDT
Address: 11882 OSPREY POINT CIRCLE
City-St-Zip: WELLINGTON, FL 33449**Title:** D () Delete
Name: MARC, RODNEY
Address: 4014 BAHIA ISLES CR
City-St-Zip: WELLINGTON, FL 33449**Title:** D () Delete
Name: AMY, ROBERTS
Address: 11762 KNIGHTSBRIDGE
City-St-Zip: WELLINGTON, FL 33449**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: DENNIS, SLATTERY
Address: 4621 WINDWARD COVE
City-St-Zip: WELLINGTON, FL 33449**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: CASTELLI, JOE
Address: 4001 BLUFF HARBOR
City-St-Zip: WELLINGTON, FL 33449**Title:** () Change () Addition
Name:
Address:
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: GREG CAFARO

P

10/22/2009

Electronic Signature of Signing Officer or Director

Date