2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004886

FILED Jan 06, 2010 Secretary of State

Entity Name: THE ISLES AT WELLINGTON COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

%MMI OF THE PALM BEACHES 4325 ISLE VIST BLVD WELLINGTON, FL 33449 US

Current Mailing Address: New Mailing Address:

%MMI OF THE PALM BEACHES 4325 ISLE VIST BLVD WELLINGTON, FL 33449 US

FEI Number: 65-0081665 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:

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: CAFARO, GREG
Address: 11134 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33449

Title: VP

Name: CONDORA, CHRIS
Address: 11143 MARITIME COURT
City-St-Zip: WELLINGTON, FL 33449

Title:

Name: DENNIS, SLATTERY
Address: 4621 WINDWARD COVE
City-St-Zip: WELLINGTON, FL 33449

Title: T

Name: BOB, WINTERFELDT

Address: 11882 OSPREY POINT CIRCLE City-St-Zip: WELLINGTON, FL 33449

Title:

Name: CASTELLI, JOE
Address: 4001 BLUFF HARBOR
City-St-Zip: WELLINGTON, FL 33449

Title: [

Name: AMY, ROBERTS
Address: 11762 KNIGHTSBRIDGE
City-St-Zip: WELLINGTON, FL 33449

I hereby 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 all other like empowered.

SIGNATURE: GREG CAFARO PRES 01/06/2010