

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 26, 2010
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:**%MMI OF THE PALM BEACHES
1201 US HIGHWAY ONE, SUITE 330
NORTH PALM BEACH, FL 33408 US**Current Mailing Address:**%MMI OF THE PALM BEACHES
4325 ISLE VIST BLVD
WELLINGTON, FL 33449 US**New Mailing Address:**%MMI OF THE PALM BEACHES
1201 US HIGHWAY ONE, SUITE 330
NORTH PALM BEACH, FL 33408 US**FEI Number:** 65-0993155**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOLOMON, BEN E
1666 KENNEDY CAUSEWAY
SUITE 305
N. BAY VILLAGE, FL 33141 US**Name and Address of New Registered Agent:**

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:** P
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:** D
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:** S
Name: CASTELLI, JOE
Address: 4001 BLUFF HARBOR
City-St-Zip: WELLINGTON, FL 33449**Title:** D
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

03/26/2010

Electronic Signature of Signing Officer or Director

Date