2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004886

FILED Apr 12, 2011 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 1201 US HIGHWAY ONE, SUITE 330 NORTH PALM BEACH, FL 33408

UNITED COMMUNITY MANAGEMENT CORP 11784 W SAMPLE ROAD #103

CORAL SPRINGS, FL 33065 US

Current Mailing Address:

New Mailing Address:

%MMI OF THE PALM BEACHES 1201 US HIGHWAY ONE, SUITE 330 NORTH PALM BEACH, FL 33408

UNITED COMMUNITY MANAGEMENT CORP 11784 W SAMPLE ROAD # 103 CORAL SPRINGS, FL 33065

FEI Number: 65-0993155

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 UNITED COMMUNITY MANAGEMENT CORP 11784 W SAMPLE ROAD

SUITE 103

CORAL SPRINGS, FL 33065 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: JILL SAUNDERS

FEI Number Applied For ()

04/12/2011 Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

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

Title:

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

Title:

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

Title:

Name: BOB, WINTERFELDT

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

Title:

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

Title:

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

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: JILL SAUNDERS **AGT** 04/12/2011