

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006392

Entity Name: THE ISLES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1500 VICTORIA FALLS BLVD
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**C/O CAPITAL REALTY ADVISORS
600 SANDTREE DR, STE. 109
PALM BEACH GARDENS, FL 33403**FEI Number:** 65-1045115**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITAL REALTY ADVISORS INC.
600 SANDTREE DR SUITE 109
PALM BEACH GARDENS, FL 33403 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**Officer/Director Detail :**

Title	4VP
Name	RICHARDS, BILL
Address	122 EUPHRATES CIR
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	3VP
Name	NIEBCH, JOHN
Address	407 FONSECA WAY
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	2VP
Name	KENNEDY, PAUL
Address	1404 JAMES BAY RD
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	1VPS
Name	PROYECT, LOUIS
Address	406 FONSECA WAY
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	P
Name	SHANNON, MARGARET
Address	1111 ORINOCO WAY
City-State-Zip:	PALM BEACH GARDENS FL 33410

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: MARGARET SHANNON

P

03/18/2013

Electronic Signature of Signing Officer/Director Detail_____
Date