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**Apr 29, 1999 8:00 am**
**Secretary of State**
04-29-1999 90048 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001237**

1. Corporation Name

ISLE VERDE NEIGHBORHOOD ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O NEWELL PROPERTY MANAGEMENT<br>4148A CORPORATE SQUARE<br>NAPLES FL 34104<br>US | C/O NEWELL PORPERTY MANAGEMENT<br>4148A CORPORATE SQUARE<br>NAPLES FL 34104<br>US |

2. Principa Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
03/16/1993

4. FEI Number
65-0396732
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

NEWELL, WILLIAM
4148A CORPORATE SQUARE
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | ~~PD~~ | ☐ DELETE | 1.1 TITLE | PD | ☐ Change ☑ Addition |
| NAME | ~~MACDONALD, VIC~~ | | 1.2 NAME | Flaherer, Al | |
| STREET ADDRESS | ~~7012 VERDE WAY~~ | | 1.3 STREET ADDRESS | 1028 Verde Way | |
| CITY-ST-ZIP | ~~NAPLES FL 34108~~ | | 1.4 CITY-ST-ZIP | Naples FL 34108 | |
| TITLE | ~~VD~~ | ☑ DELETE | 2.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | ~~SELHORST, LARRY~~ | | 2.2 NAME | Blackburn, Art | |
| STREET ADDRESS | ~~7111 VERDE WAY~~ | | 2.3 STREET ADDRESS | 1021 Verde Way | |
| CITY-ST-ZIP | ~~NAPLES FL 34108~~ | | 2.4 CITY-ST-ZIP | Naples FL 34106. | |
| TITLE | ~~VD~~ | ☐ DELETE | 3.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | ~~WANG, CECILE~~ | | 3.2 NAME | Wang, Cecile | |
| STREET ADDRESS | ~~7036 VERDE WAY~~ | | 3.3 STREET ADDRESS | 7036 Verde Way | |
| CITY-ST-ZIP | ~~NAPLES FL 34108~~ | | 3.4 CITY-ST-ZIP | Naples FL 34108 | |
| TITLE | ~~TD~~ | ☐ DELETE | 4.1 TITLE | ST | ☑ Change ☐ Addition |
| NAME | ~~STONE, ED~~ | | 4.2 NAME | Stone, Ed | |
| STREET ADDRESS | ~~7068 VERDE WAY~~ | | 4.3 STREET ADDRESS | 7068 Verde Way | |
| CITY-ST-ZIP | ~~NAPLES FL 34108~~ | | 4.4 CITY-ST-ZIP | Naples FL 34108 | |
| TITLE | ~~SD~~ | ☐ DELETE | 5.1 TITLE | VD | ☑ Change ☐ Addition |
| NAME | ~~GRIMSLEY, ARVID~~ | | 5.2 NAME | Grimsley, Arvid | |
| STREET ADDRESS | ~~7044 VERDE WAY~~ | | 5.3 STREET ADDRESS | 7044 Verde Way | |
| CITY-ST-ZIP | ~~NAPLES FL 34108~~ | | 5.4 CITY-ST-ZIP | Naples FL 34108 | |
| TITLE | ~~D~~ | ☐ DELETE | 6.1 TITLE | PD | ☑ Change ☐ Addition |
| NAME | ~~TEWS, WILLIAM~~ | | 6.2 NAME | Tews, William | |
| STREET ADDRESS | ~~7025 VERDE WAY~~ | | 6.3 STREET ADDRESS | 1085 Verde Way | |
| CITY-ST-ZIP | ~~NAPLES FL 34108~~ | | 6.4 CITY-ST-ZIP | Naples FL 34106 | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE RECEIVED 2-18-99 941-592-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)