2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N93000001237

Entity Name: ISLE VERDE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O COLLIER FINANCIAL, INC
4985 EAST TAMIAMI TRAIL
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

C/O COLLIER FINANCIAL, INC
4985 EAST TAMIAMI TRAIL
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 65-0396732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLIER FINANCIAL INC
4985 EAST TAMIAMI TRAIL
NAPLES, FL 34113 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: PD ( ) Delete
Name: BLACKBURN, ARTHUR
Address: 7021 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete
Name: TEWS, WILLIAM
Address: 7025 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete
Name: CARROLL, MARIAN
Address: 7005 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: TD ( ) Delete
Name: MCKAY, JIM
Address: 7084 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: KNIGHT, ARTHUR
Address: 7020 VERDE WY
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARTHUR BLACKBURN PD 04/27/2005

Electronic Signature of Signing Officer or Director — Date