

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707258

FILED
Feb 19, 2009
Secretary of State

Entity Name: ISLES HARBOR VISTA, INC.

Current Principal Place of Business:

1700 JAMAICA WAY
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510463
PUNTA GORDA, FL 33950

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 59-1566896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAR HOSPITALITY MGMT
6025 TAYLOR RD, # 1
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STAR HOSPITALITY MGMT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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:

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: ARTHUR, WILLIAM
Address: 1318 CASEY DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: P () Delete
Name: MORGAN, EDWIN
Address: 2403 LAKESHORE CIR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: CLARK, TERRY
Address: POB 511323
City-St-Zip: PUNTA GORDA, FL 33951

Title: D () Delete
Name: LORD, GEORGE
Address: 1700 JAMAICA WAY, #101
City-St-Zip: PUNTA GORDA, FL 33951

Title: ST () Delete
Name: BROWN, ROBERT F
Address: 1708 JAMAICA WAY, 111
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARTHUR, WILLIAM
Address: 1318 CASEY DR
City-St-Zip: PUNTA GORDA, FL 33950

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

Title: D (X) Change () Addition
Name: CLARK, INGRID
Address: 1700 JAMAICA WAY #104
City-St-Zip: PUNTA GORDA, FL 33951

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 exemption stated in Chapter 119, 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: EDWIN MORGAN

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date