

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724011

FILED
Apr 30, 2007
Secretary of State

Entity Name: IXORA COURT, INC.

Current Principal Place of Business:

590 BROAD AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

745 12TH AVE S
STE AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-1092946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT
745 12TH AVE S.
NAPLES, FL 34102 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: T () Delete
Name: PATTETSON, CHUCK
Address: 520 BROND AVE S
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: METCALF, JACK
Address: 508 BROAD AVE S.
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: TOBIN, JOHN
Address: 574 BROAD AVE S
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: TOKARCZYK, KAREN
Address: 576 BROAD AVE S
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: PATTETSON, CHUCK
Address: 520 BROAD AVE S
City-St-Zip: NAPLES, FL 34102

Title: P (X) Change () Addition
Name: METCALF, JACK
Address: 508 BROAD AVE S.
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Change () Addition
Name: TOBIN, JOHN
Address: 574 BROAD AVE S
City-St-Zip: NAPLES, FL 34102

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: JOHN METCALF

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date