

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90095 026 ****61.25

0072433

DOCUMENT # N00000004050

1. Entity Name

ISLA VISTA AT GREY OAKS NEIGHBORHOOD ASSOCIATION

Principal Place of Business

Mailing Address

**2154 TRADE CENTER WAY SUITE 3
 NAPLES FL 34109**

**2154 TRADE CENTER WAY SUITE 3
 NAPLES FL 34109**

2. Principal Place of Business c/o

3. Mailing Address c/o

Landmark Development Group

Landmark Development Group

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5668 Strand Court, #108

5668 Strand Court, #108

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34110

US

34110

US

4. FEI Number

59-3646573

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLASP INC.
 CUMMINGS & LOCKWOOD/ATTN: THAD KIRKPATRICK
 3001 TAMiami TRAIL NORTH, 4TH FLOOR
 NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFFRAN, ARTHUR A 2154 TRADE CENTER WAY SUITE 3 NAPLES FL 34109	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PIERCE, JAMES E 2154 TRADE CENTER WAY SUITE 3 NAPLES FL 34109	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CODOL, CYNTHIA 2154 TRADE CENTER WAY SUITE 3 NAPLES FL 34109	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D Ken Landry 5668 Strand Court, #108 Naples, FL 34110	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D James E. Pierce 5668 Strand Court, #108 Naples, FL 34110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, T, S, D David M. Crowley 5668 Strand Court, #108 Naples, FL 34110	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, Assistant Secretary Michael Diamond 5668 Strand Court, #108 Naples, FL 34110	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

James E. Pierce, President

941-597-8400

CR2E037 (10/00)