2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 AM
Secretary of State

DOCUMENT# N00000004050

Entity Name: ISLA VISTA AT GREY OAKS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANDMARK DEVELOPMENT GROUP
5668 STRAND COURT # 108
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

C/O LANDMARK DEVELOPMENT GROUP
5668 STRAND COURT # 108
NAPLES, FL 34110

New Mailing Address:

FEI Number: 59-3646573 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLASP INC.
CUMMINGS & LOCKWOOD/ATTN: THAD KIRKPATRICK
3001 TAMIAMI TRAIL NORTH, 4TH FLOOR
NAPLES, FL 34103 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: VD ( ) Delete
Name: LANDRY, KEN
Address: 5668 STRAND COURT #108
City-St-Zip: NAPLES, FL 34110

Title: PD ( ) Delete
Name: PIERCE, JAMES E
Address: 5668 STRAND COURT #108
City-St-Zip: NAPLES, FL 34110

Title: VSTD ( ) Delete
Name: CROWLEY, DAVID M
Address: 5668 STRAND COURT #108
City-St-Zip: NAPLES, FL 34110

Title: VAS ( ) Delete
Name: DIAMOND, MICHAEL
Address: 5668 STRAND COURT #108
City-St-Zip: NAPLES, FL 34110

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:

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: JAMES E. PIERCE PD 04/25/2002

Electronic Signature of Signing Officer or Director — Date