2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000004050

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



May 03, 2004 8:00 am Secretary of State 05-03-2004 90684 037 ****61.25

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FILED

Principal Place of Business

C/O LANDMARK DEVELOPMENT GROUP

Mailing Address

C/O LANDMARK DEVELOPMENT GROUP

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Cov. State	Suite, Apt. #, etc. 2685 HOYSestre Or. S. #215 2685 HOYSestre Or. S. #215				04282004 Chg-NP CR2E03	7 (10/03)	
6. Name and Address of Current Registered Agent 7. Name and Address of Name Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Name Registered Agent 8. COHEN & GRIGSBY PC 7. Sireet Address (P.O. Box Number's Not Acceptable) 8. Sireet Address (P.O. Box Number's Number Address of Number's Number Address (P.O. Box Number's Number	City & Stat	10S, FL.		EL.	4. FEI Number		
S. Name and Address of Current Registered Agent COHEN & GRIGSBY PC 27200 RIVERVIEW CENTER BLVD SUITE 309 BONITA SPRINGS, FL 34134 8. The above named entity submits this empression of changes of changes for registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILING Fee is \$61.25 Due by May 1, 2004 FL 29 Columbia FILING Fee is \$61.25 Due by May 1, 2004 FILING Fee is \$61.25 Due by May 1, 2004 INE HAME LANDEY, KEN SIRET ADDRESS SORS STRAND COURT #108 MAYEL ADDRESS CITY-S1-2P NAPLES, FL 34110 Delete INE VAS MAY BE ADDRESS SIRET ADDRESS SIR	Zip 34 (C		34104				
Street Address (P.O. Box Number's Not Acceptable) Street Address (P.O. Box Number's Numbe	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
B. The above named entity submits this entirement for the purpose of changes its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE Signature Triver	27200 RIVERVIEW CENTER BLVD SUITE 309 BONITA SPRINGS, FL 34134 Street Address (P.O. Box Number's Not Acceptable) 2064 TS 0 Visto Lone						
SIGNATURE Signature Signa	FL #39405						
SIGNATURE Signature requirement of printed name of implicational agent and title if applicable. Chingle Registered Appent signature required when relaxationary) DATE							
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Due by May 1, 2004 Trust Fund Contribution. Added to Fees Fiorida Department of State							
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		ertify that the information supplied with th	is filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further certi	fy 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 impowered 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 accurace, with all other like empowered

SIGNATURE: _