2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90970 024 ****61.25

DOCUMENT # N00000004050

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

Principal Place of Business	Mailing Address
C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104

04132005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ~~59-3840573~~ 59-3653785 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ENGELKE, BOB~~
2064 ~~ISLA~~ VISTA LANE
NAP~~LES~~, FL ~~34~~105

7. Name and Address of New Registered Agent

Name Ron Weber
Street Address (P.O. Box Number is Not Acceptable)
2012 Isla Vista Lane
City Naples FL Zip Code 34105

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ronald O. Weber 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WEBER, RON 2012 ISLA VISTA LANE NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TAYLOR, HOWARD 183 FARMHOME AVENUE TORONTO, ONTARIO,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Taylor, Howard 2045 Isla Vista lane Naples, FL 34105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ENGELKE, BOB 2064 ISLE VISTA LANE NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Engelke, BOB 2064 Isla Vista lane Naples, FL 34105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MESSANA, STEVE 2029 ISLE VISTA LANE NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D messana, Steve 2029 Isla Vista Lane Naples, FL 34105	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUTER, HARRY 2004 ISLA VISTA LANE NAPLES, FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Ronald O. Weber 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #