

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004050

FILED  
Apr 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR. S. #215  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 59-3653785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MESSANA, STEVE  
2029 ISLE VISTA LANE  
NAPLES, FL 34105 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: DP ( ) Delete  
Name: WEBER, RON  
Address: 2012 ISLA VISTA LANE  
City-St-Zip: NAPLES, FL 34105

Title: T ( ) Delete  
Name: TAYLOR, HOWARD  
Address: 2045 ISLA VISTA LANE  
City-St-Zip: NAPLES, FL 34105 CA

Title: S ( ) Delete  
Name: BAYER, RON  
Address: 2028 ISLA VISTA LANE  
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete  
Name: MESSANA, STEVE  
Address: 2029 ISLE VISTA LANE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: MONTANARO, LEO  
Address: 2033 ISLA VISTA LANE  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WEBER, RON  
Address: 2012 ISLA VISTA LANE  
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MESSANA, STEVE  
Address: 2029 ISLE VISTA LANE  
City-St-Zip: NAPLES, FL 34105

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: RON WEBER

P

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date