2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2010
Secretary of State

DOCUMENT# N00000004050

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: P
Name: WEBER, RON
Address: 2012 ISLA VISTA LANE
City-St-Zip: NAPLES, FL 34105

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

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

Title: VP
Name: MESSANA, STEVE
Address: 2029 ISLE VISTA LANE
City-St-Zip: NAPLES, FL 34105

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

I hereby 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 all other like empowered.

SIGNATURE: RON WEBER P 04/03/2010

Electronic Signature of Signing Officer or Director — Date