## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # NO8023

1. Corporation Name

## ISLAND VISTA ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business
260 MONGOOSE LANE
N. FT. MYERS FL 33917

2. Principal Place of Business

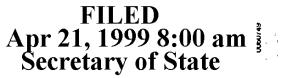
Suite, Apt. #, etc.

Mailing Address

260 MONGOOSE LANE N. FT. MYERS FL 33917

2a. Mailing Address

Suite, Apt. #, etc.



04-21-1999 90080 047 \*\*\*\*70.00

Applied For

Not Applicable

3. Date Incorporated or Qualifed

03/07/1985

65-0036386

4. FEI Number

		Ta'					A0.75			
City & State	9	City & State			5. Certifcate of Status Desired		\$8.75 A			
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing		\$5.00 N			
24	25	29 30			Trust Fund Contribution	Damintornal A		rees		
	9. Name and Address of Current	Registered Agent	041	10. Name and Address of New Registered Agent						
			81	Name						
DOOLEY, SHIRLEY I			82	Street Addre	ess (P.O. Box Number is Not Accept	able)				
260 MONGOOSE LANE										
	ERS FL 33917		83							
14. 1 1. 14.	2110 12 000 11		84	City			85 Zip C	ode		
			1 1	•	·	<u>FL</u>	1			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, t	he above	-named corpo	oration submits this statement for the	purpose of o	changing its I	registered		
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was#eutho	nzea by	the corporatio	on's board of directors. Thereby acce	pt tile appoin		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		WEV STAI	NO	112 V D	Day 011		401	4-99		
SIGNATURE	SKIRLEY I DOX Stgnature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	istered Agent	agnature required		DATE		<del></del>		
12.	OFFICERS AND		13. /		ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	VP	☐ DELETE	1.1 TITLE	P	RESIDENT		Change	Additi		
NAME	JAMNKE, SCOTT		1.2 NAME	S	TEVENS, RONAL	Ð				
STREET ADDRESS	286 BUFFELO		1.3 STREET	ADDRESS 7	5 6BZELLE					
CITY-ST-ZIP	N. FT. MYERS FL		1.4 CITY-ST	-ZIP N	OFT MYERS, FL	3391	7			
TITLE	D	<b>X</b> DELETE	2.1 TITLE	9	ECRETRRY		Change	Additi		
NAME	VACCARO, ANGELO		2.2 NAME	Gr.	PTTLIEBSEN					
STREET ADDRESS	143 ELEPHANT		2.3 STREET	ADDRESS 7	O GAZELLE	ه ترمد	in ~			
CITY-ST-ZIP	N. FT. MYERS FL		2. 4 CITY-S	T-ZIP	FT. MYERS, FL	<u>- 339</u>	<u> </u>	-		
·TITLE	P	DELETE	3.1 TITLE	30	IRECTOR -		Change	Additi		
NAME	FISHER, PATRICIA	J	3.2 NAME	B	UCK, WALTER					
STREET ADDRESS	507 ELAND DRIVE		3.3 STREET	ADDRESS 4	75ABLE					
CITY-ST-ZIP	N. FT. MYERS FL		3.4. CITY-S	T-ZIP	FT DYERS, FL	337/	7	<del></del>		
TITLE	S	DELETE	4.1 TITLE	.70	PRECTOR		☐ Change	Additi		
NAME	MC DONALD, SANDRA		4. 2 NAME	H	ESTON, SHARO	N.				
STREET ADDRESS	188 ELAND DR.WAY		4.3 STREET	ADDRESS /	SY ELEPHANT	WAY.				
CITY-ST-ZIP	N. FT. MYERS FL 33917		4.4 CITY-ST	r-ZIP	ET MYERS, P	4 33	117			
TITLE	D	DELETE	5.1 TITLE		, ,		Change	Additi		
NAME	WATSON, PEGGY		5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP	N. FT. MYERS FL		5.4 CITY-S	T-ZIP						
TITLE	D	☐ DELETE	6.1 TITLE				Change	☐ Addit		
NAMÉ	GREGORY, ROBERT		6.2 NAME							
STREET ADDRESS	596 GNV	,	6.3 STREET	ADDRESS						
	AL ET LAVEDO EL COCAT		64 CITY-ST	T. 7ID						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

941-997-739 Daytime Phone #

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