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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08023

1. Corporation Name
ISLAND VISTA ESTATES HOMEOWNERS ASSOCIATION, INC

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 03/07/1985
4. FEI Number: 65-0036386 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DOOLEY, SHIRLEY I
260 MONGOOSE LANE
N. FT. MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE SHIRLEY I DOOLEY Shirley I Dooley 4-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	JAMNKE, SCOTT		1.2 NAME	STEVENS, RONALD	
STREET ADDRESS	286 BUFFELO		1.3 STREET ADDRESS	75 GAZELLE	
CITY-ST-ZIP	N. FT. MYERS FL		1.4 CITY-ST-ZIP	N. FT MYERS, FL 33917	
TITLE	D	☒ DELETE	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	VACCARO, ANGELO		2.2 NAME	GOTTLIEBSEN	
STREET ADDRESS	143 ELEPHANT		2.3 STREET ADDRESS	70 GAZELLE	
CITY-ST-ZIP	N. FT. MYERS FL		2. 4 CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	P	☒ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	FISHER, PATRICIA		3.2 NAME	BUCK, WALTER	
STREET ADDRESS	507 ELAND DRIVE		3.3 STREET ADDRESS	97 SABLE	
CITY-ST-ZIP	N. FT. MYERS FL		3.4. CITY-ST-ZIP	N. FT MYERS, FL 33917	
TITLE	S	☒ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MC DONALD, SANDRA		4. 2 NAME	HESTON, SHARON	
STREET ADDRESS	188 ELAND DR.WAY		4.3 STREET ADDRESS	154 ELEPHANT WAY	
CITY-ST-ZIP	N. FT. MYERS FL 33917		4.4 CITY-ST-ZIP	N. FT MYERS, FL 33917	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, PEGGY		5.2 NAME		
STREET ADDRESS	552 ZEBRA DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, ROBERT		6.2 NAME		
STREET ADDRESS	596 GNV		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL 33917		6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED SHIRLEY I DOOLEY 4-14-99 941-997-739(
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)