2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08023

1. Entity Name

ISLAND VISTA ESTATES HOMEOWNERS ASSOCIATION, INC

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90008 048 ****61.25

Principal Place of Business	Mailing Address
260 MONGOOSE LANE N. FT. MYERS FL 33917	260 MONGOOSE LANE N. FT. MYERS FL 33917-7515

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
98 Sable Dr	98 Sable Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Ft. Myers, FL	City & State: N. Ft. Myers, FL 33917
Zip: 33917 Country: Lee	Zip: 33917 Country: Lee

4. FEI Number: 65-0036386 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOOLEY, SHIRLEY I 260 MONGOOSE LANE N. FT. MYERS FL 33917	Name: Joann Nelson Street Address (P.O. Box Number is Not Acceptable): 98 Sable Dr. City: N. Ft. Myers, FL Zip Code: 33917

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.

SIGNATURE: Joann Nelson Joann Nelson 5-16-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JAMNKE, SCOTT 286 BUFFELO N. FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jahnke, Scott 286 Buffalo Way N. Ft. Myers, FL 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEVENS, RONALD 75 GAZELLE N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Haycook, Richard 355 ELand N. Ft. Myers, FL 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCOTT, LIEBSEN 70 GAZELLE N FORT MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GottLiebsen, Jan 70 Gazelle N. Ft. Myers, FL 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCK, WALTER 97 SABLE N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Buck, Walter 97 Sable Dr N. Ft. Myers, FL 33917	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HESTON, SHARON 154 ELEPHANT WAY N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brown, Bonnie 622 Elephant Way N. Ft. Myers, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREGORY, ROBERT 596 GNV N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gregory, Robert 596 Gnu N. Ft. Myers, FL 33917	☒ Change ☐ Addition

CR2E037 (1/99)

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: Joann Nelson REQUIRED Joann Nelson 5-16-00 941-997-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #