2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90082 039 ****61.25

DOCUMENT # N08023

1. Entity Name

ISLAND VISTA ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
98 SABLE DR N. FT. MYERS FL 33917	98 SABLE DR N. FT. MYERS FL 33917

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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
NELSON, JOANN 98 SABLE DR N. FT. MYERS FL 33917	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 3-31-01
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	D JAMNKE, SCOTT 286 BUFFELO N. FT. MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Peggy Watson 522 Zebra Dr N. Ft. Myers, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HACOOK, RICHARD 355 ELAND N. FT. MYERS FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Vernetta Unland 212 Gazelle N. Ft. Myers, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOTTIEBSEN, JAN 70 GAZELLE N FORT MYERS FL 33917	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Nancy Emitt 23 Eland Dr N. Ft Myers, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUCK, WALTER 97 SABLE N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 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 Karen Kanable 308 Eland Dr 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 Bonnie Brown 622 Elephant Way N. Ft Myers, FL 33917	☐ Change ☒ Addition

CR2E037 (10/00)

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 SIGNATURE REQUIRED 3-31-01 941-997-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #