2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N08023

Entity Name: ISLAND VISTA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

201 ELAND DR
N. FT. MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

201 ELAND DR
N. FT. MYERS, FL 33917

New Mailing Address:

FEI Number: 65-0036386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, ANN
201 ELAND DR
N. FT. MYERS, FL 33917 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 ( ) Delete
Name: UNLAND, VERNETTA
Address: 212 GAZELLE DR
City-St-Zip: N FORT MYERS, FL 33917

Title: VP ( ) Delete
Name: HAMPTON, ART
Address: 510 ELAND DR
City-St-Zip: N. FT. MYERS, FL 33917

Title: S ( ) Delete
Name: KANABLE, KAREN
Address: 308 ELAND DR
City-St-Zip: N FORT MYERS, FL 33917

Title: D ( ) Delete
Name: ONEY, CLOYD
Address: 59 ELAND DR
City-St-Zip: N. FT. MYERS, FL 33917

Title: D ( ) Delete
Name: MULLEN, TROY
Address: 507 ELAND DR
City-St-Zip: N. FT. MYERS, FL 33917

Title: D ( ) Delete
Name: COZOLINO, BETTY
Address: 392 ZEBRA DR
City-St-Zip: N. FT. MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ESPOSITO, VINCENT
Address: 449 BUFFALO WAY
City-St-Zip: N FORT MYERS, FL 33917

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BENNETT, ROBERT
Address: 142 ELEPHANT WAY
City-St-Zip: N. FT. MYERS, FL 33917

Title: D (X) Change ( ) Addition
Name: HAMPTON, NANCY
Address: 510 ELAND DR
City-St-Zip: N. FT. MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ANN M JOHNSON TREA 04/29/2005
Electronic Signature of Signing Officer or Director — Date