2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 08, 2008
Secretary of State

DOCUMENT# N08023

Entity Name: ISLAND VISTA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3000 NORTH TAMIAMI TRAIL
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 M T
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: BOTELHO JR, RICHARD P
Address: 369 ZEBRA DR
City-St-Zip: N FORT MYERS, FL 33917

Title: VP ( ) Delete
Name: MCKAIN, SHAUN VP
Address: 474 ELAND DR
City-St-Zip: N. FT. MYERS, FL 33917

Title: S ( ) Delete
Name: RISNER, CAROLE S
Address: 573 LEOPARD LN
City-St-Zip: N FORT MYERS, FL 33917

Title: D ( ) Delete
Name: COFFEE, ALVIN D
Address: 231 GAZELLE DR
City-St-Zip: N. FT. MYERS, FL 33917

Title: D ( ) Delete
Name: PEARSON, MARIAN D
Address: 562 GNU DR
City-St-Zip: N. FT. MYERS, FL 33917

Title: D ( ) Delete
Name: BURGER, SHERRY D
Address: 415 MONGOOSE
City-St-Zip: N. FT. MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PANGBURN, ROBERT P
Address: 414 MONGOOSE
City-St-Zip: N FORT MYERS, FL 33917

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

Title: S (X) Change ( ) Addition
Name: GROUT, CINDY S
Address: 622 ELEPHANT 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 12/08/2008
Electronic Signature of Signing Officer or Director — Date