

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08023

FILED
Apr 29, 2009
Secretary of State

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: PANGBURN, ROBERT P
Address: 414 MONGOOSE
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: GROUT, CINDY S
Address: 622 ELEPHANT WAY
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: YURCEVICH, DENNIS VP
Address: 245 MONGOOSE
City-St-Zip: N. FT. MYERS, FL 33917

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

Title: D (X) Change () Addition
Name: SMITH, GORDON D
Address: 303 BUFFALO WAY
City-St-Zip: N. FT. MYERS, FL 33917

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

Title: D (X) Change () Addition
Name: BURGER, SHERRY D
Address: 413 MONGOOSE
City-St-Zip: N. FT. MYERS, FL 33917

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

04/29/2009

Electronic Signature of Signing Officer or Director

Date