2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08023

FILED Apr 12, 2010 Secretary of State

Entity Name: ISLAND VISTA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3000 NORTH TAMIAMI TRAIL
N. FT. MYERS, FL 33917

3000 NORTH TAMIAMI TRAIL
N. FT. MYERS, FL 33903

Current Mailing Address: New Mailing Address:

201 ELAND DR PO BOX 4479

N. FT. MYERS, FL 33917 N. FT. MYERS, FL 33918

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, ANN M T 201 ELAND DR

N. FT. MYERS, FL 33917 US

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: I

 Name:
 MUSLER, SIMON P

 Address:
 225 GAZELLE DR

 City-St-Zip:
 N FORT MYERS, FL 33917

Title: VP

Name: YURCEVICH, DENNIS VP Address: 245 MONGOOSE City-St-Zip: N. FT. MYERS, FL 33917

Title: S

 Name:
 SNOW, MIKE S

 Address:
 289 BUFFALO WAY

 City-St-Zip:
 N FORT MYERS, FL 33917

Title:

Name: SMITH, GORDON D Address: 303 BUFFALO WAY City-St-Zip: N. FT. MYERS, FL 33917

Title:

Name: CRUMP, ALAN D Address: 528 ZEBRA DR

City-St-Zip: N. FT. MYERS, FL 33917

Title: [

 Name:
 BROWN, KIM D

 Address:
 566 LEOPARD LN

 City-St-Zip:
 N. FT. MYERS, FL 33917

I hereby 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 all other like empowered.

SIGNATURE: ANN M JOHNSON TREA 04/12/2010