## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08023

FILED Apr 27, 2011 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 33903

Current Mailing Address: New Mailing Address:

PO BOX 4479

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 JOHNSON, ANN M 201 ELAND DR 201 ELAND DR

N. FT. MYERS, FL 33917 US 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: ANN M JOHNSON 04/27/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: I

 Name:
 MUSLER, SIMON P

 Address:
 108 LEOPARD LN

 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: SEC

Name: PERRY, MARGARET Address: 380 ZEBRA DR

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

Title: DIR

 Name:
 SMITH, GORDON

 Address:
 303 BUFFALO WAY

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

Title: DIR

 Name:
 GROUT, CINDY

 Address:
 622 ELEPHANT WAY

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

Title: DIR

 Name:
 BROWN, KIM

 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 04/27/2011