

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21788

FILED
Jan 21, 2005
Secretary of State

Entity Name: LAKE ISIS VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

1786 E. SEARS ROAD
AVON PARK, FL 33825 US

New Principal Place of Business:

Current Mailing Address:

566 S ATLANTIC AVE
UNIT D
COCOA BEACH, FL 32931 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEMARCO, NANCY M.
1786 EAST SEARS ROAD
AVON PARK, FL 33825 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: PD () Delete
Name: DEMARCO, JOSEPH N.,
Address: 566 SOUTH ATLANTIC AVE-UNIT D
City-St-Zip: COCOA BEACH, FL 32931

Title: STD () Delete
Name: DEMARCO, NANCY M.,
Address: 1786 E. SEARS RD.
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: HARRIS, JUDY D.,
Address: 5969 S.E. GENERAL LEE T.
City-St-Zip: PORT SALERNO, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JOSEPH N. DEMARCO

PD

01/21/2005

Electronic Signature of Signing Officer or Director

_____ Date