

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90200 050 ****61.25

DOCUMENT # N40343

1. Entity Name

THE ISLES RECREATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PAT RICHARDSON ISLES RECREATION ASSOC
4295-B ISLAND CIRCLE
FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0250341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

RICHARDSON, PATRICIA
4295-B ISLAND CIRCLE
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP
NAME EICHENLAUB, JOHN ☒ Delete
STREET ADDRESS 9644 HALYARDS CT
CITY-ST-ZIP FORT MYERS FL 33919

TITLE VP
NAME CURRY, RICHARD ☐ Delete
STREET ADDRESS 9854 CALOOSA YACHT & RACQUET CLUB DR
CITY-ST-ZIP FT MYERS FL 33919

TITLE TD
NAME DERRILL, DARE ☐ Delete
STREET ADDRESS 9658-13 HALYARDS CT
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D
NAME WITZBERGER, PATZ ☒ Delete
STREET ADDRESS 9638-11 HALYARDS CT
CITY-ST-ZIP FORT MYERS FL 33919

TITLE P
NAME ORR, LADD ☐ Delete
STREET ADDRESS 2595-24 HALYARDS CT.
CITY-ST-ZIP FORT MYERS FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Sec
NAME Robitaille Bud ☐ Change ☒ Addition
STREET ADDRESS Halyards CT
CITY-ST-ZIP FT MYERS, FL 33919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AD
NAME Romano, Ron ☐ Change ☒ Addition
STREET ADDRESS Halyards CT
CITY-ST-ZIP FT MYERS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05

239-482-4593

Date

Daytime Phone #