

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45024

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: IMPERIAL RIVER CONSERVANCY, INC.

**Current Principal Place of Business:**

P.O. BOX 2931  
BONITA SPRINGS, FL 341332931 US

**New Principal Place of Business:**

5060 ESPLANADE STREET  
BONITA SPRINGS, FL 34134 US

**Current Mailing Address:**

P.O. BOX 2931  
BONITA SPRINGS, FL 341332931 US

**New Mailing Address:**

FEI Number: 65-0287701      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLOUGHBY, RYAN  
25107 SUNSET DR.  
BONITA SPRINGS, FL 34134 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: D ( ) Delete  
Name: MOTE, RANDY  
Address: 27598 MARINA POINT DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD ( ) Delete  
Name: WILLOUGHBY, RYAN  
Address: 28107 SUNSET DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD ( ) Delete  
Name: MCGRATH, KATHY  
Address: 5060 ESPLANADE ST.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete  
Name: PISCITELLI, AL  
Address: 8840 SPRINGWOOD CT.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: BUCKLER, ED  
Address: 3596 MARGINA CR.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: CONARD, JOHN  
Address: 27028 HARBOR DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MOTE, RANDY  
Address: 4811 PALMETTO TERRACE  
City-St-Zip: ESTERO, FL 33928

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

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

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 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: KATHY MCGRATH

SECT

02/24/2009

Electronic Signature of Signing Officer or Director

Date