

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001237

FILED
Apr 15, 2009
Secretary of State

Entity Name: ISLE VERDE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

7000 VERDE WAY
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 65-0396732 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLLIER FINANCIAL INC
4985 EAST TAMiami TRAIL
NAPLES, FL 34113 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: TD () Delete
Name: CHORSKE, WILLIAM
Address: 7033 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: LINDSTROM, JUDY
Address: 7099 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: HOLMES, SUE
Address: 7044 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: BRAULT, DOMINIQUE
Address: 7100 VERDE WY
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: BLACKBURN, MYRLE
Address: 7021 VERDE WAY
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHORSKE, WILLIAM
Address: 7033 VERDE WAY
City-St-Zip: NAPLES, FL 34108

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

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

Title: D (X) Change () Addition
Name: WARNICK, CANDYCE
Address: 7028 VERDE WAY
City-St-Zip: NAPLES, FL 34108

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: WILLIAM CHORSKE

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date