

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90094 048 ****61.25

DOCUMENT # N93000002916					
1. Entity Name ISLE OF LOMBARDY NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983 US			Mailing Address PO BOX 880038 PORT SAINT LUCIE, FL 34988-0038 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0407879	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, DEBORAH L 759 S. FEDERAL HWY STUART, FL 34994			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUWAERTER, BILL 1184 NW LOMBARDY DR. PORT SAINT LUCIE, FL 34986		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WELLS, REGINALD 1200 LOMBARDY DR PORT SAINT LUCIE, FL 34986		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHMAN, MILDRED 1177 NW LOMBARDY DR PORT SAINT LUCIE, FL 34986		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UBER, LARRY 1201 NW LOMBARDY RD PORT SAINT LUCIE, FL 34986		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANGIS, PETER 1113 NW LOMBARDY DR PORT SAINT LUCIE, FL 34986		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		KRAMER, George 1159 LOMBARDY DR. PSL, FL 34986		
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <i>Reginald Wells</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>Apr. 12 2007</i>					
Daytime Phone #					