2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N93000002916

Entity Name: ISLE OF LOMBARDY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

430 LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 880038
PORT SAINT LUCIE, FL 349880038 US

New Mailing Address:

FEI Number: 65-0407879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, DEBORAH L
759 S. FEDERAL HWY
STUART, FL 34994 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: P ( ) Delete
Name: AUWAERTER, BILL
Address: 1184 NW LOMBARDY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TS ( ) Delete
Name: WELLS, REGINALD
Address: 1200 LEMBARDY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D ( ) Delete
Name: ROTHMAN, MILDRED
Address: 1177 NW LOMBARDY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP ( ) Delete
Name: KRAMER, GEORGE
Address: 1159 LOMBARDY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S ( ) Delete
Name: SANGIS, PETER
Address: 1113 NW LOMBARDY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AUWAERTER, BILL
Address: 1184 NW LOMBARDY DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TS (X) Change ( ) Addition
Name: COHEN, HOWARD
Address: 1101 NW LOMBARDY DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: WILLIAM C. AUWAERTER P 04/07/2009

Electronic Signature of Signing Officer or Director — Date