
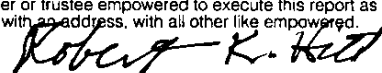


**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90097 033 \*\*\*\*61.25

<b>DOCUMENT # N94000003443</b>						<b>Secretary of State</b> 04-09-2007 90097 033 ****61.25	
1. Entity Name <b>ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC.</b>							
Principal Place of Business <b>% BAYSHORE ASSOC. 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983 US</b>				Mailing Address <b>P.O. BOX 880038 PORT ST. LUCIE, FL 34998 US</b>			
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	
6. Name and Address of Current Registered Agent <b>BAYSHORE ASSOCIATION MANAGEMENT, INC. 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>			
<b>OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T STOCKMAN, JOHN 548 NW LAMBRUSCO DR PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TS PRESIDENT HITT, ROBERT 574 NW MONTEVINA DR PORT ST LUCIE, FL 34986</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T MENIS, RICARD 639 NW SANCADIDO WY PORT SAINT LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CHIRAPONE FORTUNATO FRANK 604 N.W. LAMBRUSCO PSL, FL. 34986</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T SECRETARY CRIST, DONALD 645 NW VENETTO CT PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D FOGLIA, BRENDA 599 NW LAMBRUSCO DR PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input 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: 				4/5/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			