


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90027 037 ****61.25

DOCUMENT # N94000003443	
1. Entity Name ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business % BAYSHORE ASSOC. 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983 US	Mailing Address P.O. BOX 880038 PORT ST. LUCIE, FL 34998 US
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2. Principal Place of Business - No P.O. Box # <u>BAYSHORE ASSOC.</u> Suite, Apt. #, etc. <u>430 LAKE WHITNEY PLACE</u>	3. Mailing Address <u>PO Box 880038</u> Suite, Apt. #, etc.
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03102008 Chg-NP CR2E037 (12/06)

City & State <u>PORT SAINT LUCIE, FL</u>	City & State <u>PORT ST LUCIE, FL</u>
Zip <u>34986</u>	Country <u>US</u>
Zip <u>34988</u>	Country <u>US</u>

4. FEI Number 65-0517439	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAYSHORE ASSOCIATION MANAGEMENT, INC. 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983

7. Name and Address of New Registered Agent. Name <u>BAYSHORE ASSOCIATION MANAGEMENT, INC</u> Street Address (P.O. Box Number is Not Acceptable) <u>430 NW LAKE WHITNEY PLACE</u> City <u>PORT SAINT LUCIE</u> FL Zip Code <u>34986</u>

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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOCKMAN, JOHN 548 NW LAMBRUSCO DR PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSP HITT, ROBERT 574 NW MONTEVINA DR PORT ST LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRIST, DONALD 645 NW VENETTO CT PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGLIA, BRENDA 599 NW LAMBRUSCO DR PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIAPPONE, FORTUNATO F 604 NW LAMBRUSCO PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: [Signature] - TREASURER Date: 3/11/08 772-8735127