

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003443

FILED
Apr 03, 2009
Secretary of State

Entity Name: ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

% BAYSHORE ASSOC.
430 LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880038
PORT ST. LUCIE, FL 34998 US

New Mailing Address:

PO BOX 880038
PORT ST. LUCIE, FL 34988 US

FEI Number: 65-0517439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYSHORE ASSOCIATION MANAGEMENT, INC.
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 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: T () Delete
Name: STOCKMAN, JOHN
Address: 548 NW LAMBRUSCO DR
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: TSP () Delete
Name: HITT, ROBERT
Address: 574 NW MONTEVINA DR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: ST () Delete
Name: CRIST, DONALD
Address: 645 NW VENETTO CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: FOGLIA, BRENDA
Address: 599 NW LAMBRUSCO DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: CHIAPPONE, FORTUNATO F
Address: 604 NW LAMBRUSCO
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: STOCKMANN, JOHN
Address: 548 NW LAMBRUSCO DR
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: VP (X) Change () Addition
Name: VALANZOLA, SAL
Address: 568 LAMBRUSCO DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

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

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

Title: P (X) Change () Addition
Name: CHIAPPONE, FORTUNATO F
Address: 604 NW LAMBRUSCO
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: JOHN STOCKMANN

T

04/03/2009

Electronic Signature of Signing Officer or Director

Date