

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 23, 2010
Secretary of State

DOCUMENT# N94000003443

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:**PO BOX 880038
PORT ST. LUCIE, FL 34988 US**New Mailing Address:****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
Name: HITT, ROBERT
Address: 574 MONTEVINA DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 2VP
Name: VALANZOLA, SAL
Address: 568 LAMBRUSCO DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: FORTUNATO CHIAPPONE

P

06/23/2010

Electronic Signature of Signing Officer or Director

Date