2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003443

FILED Apr 05, 2011 Secretary of State

Entity Name: ISLE OF CAPRI NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: 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: Name and Address of New Registered Agent:

BAYSHORE ASSOCIATION MANAGEMENT, INC. 430 NW LAKE WHITNEY PLACE PORT SAINT LUCIE, FL 34986 US

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:

Name: HITT, ROBERT

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 1VP

Name: VALANZOLA, SAL

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT ST LUCIE, FL 34986

Title: S

Name: CRIST, DONALD

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title:

Name: FOGLIA, BRENDA

Address: 430 NW LAKE WHITNEY PLACE City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: F

Name: CHIAPPONE, FORTUNATO F Address: 430 NW LAKE WHITNEY PLACE 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: ERIKA ROSA TURNER CAM 04/05/2011