

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90018 035 ****61.25

DOCUMENT # N94000003449 1. Entity Name ISLE OF VENICE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 531 NW SAN REMO CIR PORT ST. LUCIE, FL 34986 US				Mailing Address 531 NW SAN REMO CIR PORT ST. LUCIE, FL 34986 US	
2. Principal Place of Business 575 NW SAN Remo Cir Suite, Apt. #, etc. Port St. Lucie, FL 34986 City & State FL Zip 34986		3. Mailing Address 575 N.W. SAN Remo Cir Suite, Apt. #, etc. Port St Lucie City & State FL Zip 34986			
Country US		Country US		07052006 Chg-NP CR2E037 (4/06)	
4. FEI Number 65-0510023				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUCCIO, JOSEPH L 531 NW SAN REMO CIR. PORT ST. LUCIE, FL 34986			7. Name and Address of New Registered Agent Name Linda J Bolitho Street Address (P.O. Box Number is Not Acceptable) 575 NW SAN Remo Cir City Port St Lucie FL Zip Code 34986		
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 <u>Linda J Bolitho P-T</u> <u>Linda J Bolitho</u> <u>7-5-6</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVP MEINKAN, BARBARA 689 NORTHWEST SAN RENO CIRCLE PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MOTTO, EDWARD 711 NORTHWEST SON RENO CIRCLE PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIANE CARY, MARY 529 NW SAN REMO CIRCLE PORT ST LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PUCCIO, JOSEPH 531 NW SAN REMO CIRCLE PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOLITHO, LINDA JOAN 575 NW SAN REMO CIRCLE PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete			
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: <u>Linda J Bolitho</u> <u>Linda J Bolitho</u> <u>7-5-6</u> <u>772 878-9956</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					