2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# N96000005693

Entity Name: CHULA VISTA ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C\O DEBORAH VAN VALKANBURG
1811 SW 29TH AVE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

C\O DEBORA VAN VALKENBURGH
1811 SW 29TH AVE
FORT LAUDERDALE, FL 33312

Current Mailing Address:

C\O DEBORAH VAN VALKANBURG
1811 SW 29TH AVE
FORT LAUDERDALE, FL 33312

New Mailing Address:

C\O DEBORA VAN VALKENBURGH
1811 SW 29TH AVE
FORT LAUDERDALE, FL 33312

FEI Number: 65-0820883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONNEY, CRAIG
1854 SW 28TH WAY
FORT LAUDERDALE, FL 33312 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: P ( ) Delete
Name: VAN VALKENBURG, DEBORAH
Address: 1811 SW 29TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: NATALE, MICHAEL A
Address: 2096 S.W. 28 WAY
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: BURTON, MARY
Address: 1564 SW 29TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: T ( ) Delete
Name: BONNEY, CRAIG T
Address: 1854 SW 28TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VAN VALKENBURGH, DEBORA
Address: 1811 SW 29TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33312

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

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

Title: T (X) Change ( ) Addition
Name: BONNEY, CRAIG
Address: 1854 SW 28TH WAY
City-St-Zip: FT. LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG BONNEY T 04/23/2006

Electronic Signature of Signing Officer or Director — Date