

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000719

FILED
Apr 25, 2005
Secretary of State

Entity Name: INDIAN WELLS GOLF VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

INDIAN WELLS WAY
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10579
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-3453701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4885 E TAMiami TRAIL
NAPLES, FL 34113 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: PD () Delete
Name: LURI, HOWARD
Address: 8449 INDIAN WELLS WAY
City-St-Zip: NAPLES, FL 34113

Title: VD () Delete
Name: WOLFELT, GARY
Address: 8405 INDIAN WELLS WAY
City-St-Zip: NAPLES, FL 34113

Title: STD () Delete
Name: DETWILER, DANIEL
Address: 8389 INDIAN WELLS WAY
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: COLEMAN, FRED
Address: 23 PARK CIRCLE
City-St-Zip: WHITE PLAINS, NY 10603

Title: STD (X) Change () Addition
Name: SEABASTY, JAMES
Address: 8481 INDIAN WELLS WAY
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HOWARD LURIE

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date