
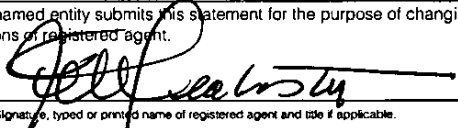
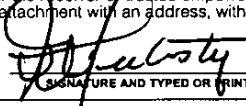


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90476 042 ****61.25

| | | | |
|--|--|---|--|
| DOCUMENT # N97000000719 1. Entity Name INDIAN WELLS GOLF VILLAS HOMEOWNERS ASSOCIATION, INC. | |  | |
| Principal Place of Business INDIAN WELLS WAY NAPLES, FL 34113 US | | Mailing Address P.O. BOX 10579 NAPLES, FL 34101 | |
| 2. Principal Place of Business C/O Reson management Suite, Apt. #, etc. 2685 Horseshoe Dr. S#215 City & State NAPLES, FL Zip 34104 | | 3. Mailing Address C/O Reson management Suite, Apt. #, etc. 2685 Horseshoe Dr. S#215 City & State NAPLES, FL Zip 34104 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-3453701 | | 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 HART, STEPHEN P COLLIER FINANCIAL INC 4885 E TAMiami TRAIL NAPLES, FL 34113 | | 7. Name and Address of New Registered Agent Name JAMES H. SEABASTY Street Address (P.O. Box Number is Not Acceptable) 8481 INDIAN WELLS WAY City NAPLES FL Zip Code 34113 | |
| 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| Filing Fee is \$61.25 Due by May 1, 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 | PD LURI, HOWARD 8449 INDIAN WELLS WAY NAPLES, FL 34113 <input type="checkbox"/> Delete | TITLE | D James Torba 8380 Indianwells way NAPLES, FL 34113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | VD COLEMAN, FRED 23 PARK CIRCLE WHITE PLAINS, NY 10603 <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | STD SEABASTY, JAMES 8481 INDIAN WELLS WAY NAPLES, FL 34113 <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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:  | | JAMES H. SEABASTY Date 4/26/06 Daytime Phone # 239.403.2409 | |

50017559



04142006 Chg-NP CR2E037 (11/05)