

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90110 027 ****61.25

DOCUMENT # N97000000719

1. Entity Name
**INDIAN WELLS GOLF VILLAS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O RESORT MGMT
2685 HORSESHOEDR SOUTH SUITE 215
NAPLES, FL 34104 US**

Mailing Address
**C/O RESORT MGMT
2685 HORSESHOEDR SOUTH SUITE 215
NAPLES, FL 34104 US**

40101613



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3453701

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEABASTY, JAMES H
8481 INDIAN WELLS WAY
NAPLES, FL 34113**

7. Name and Address of New Registered Agent

Name

Howard Lurie

Street Address (P.O. Box Number is Not Acceptable)

8449 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

Howard Lurie

Howard Lurie Pres.

4/27/07

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LURIE, HOWARD
STREET ADDRESS 8449 INDIAN WELLS WAY
CITY-ST-ZIP NAPLES, FL 34113

TITLE STD ☒ Delete
NAME SEABASTY, JAMES
STREET ADDRESS 8481 INDIAN WELLS WAY
CITY-ST-ZIP NAPLES, FL 34113

TITLE D ☐ Delete
NAME TOROA, JAMES
STREET ADDRESS 8380 INDIAN WELLS WAY
CITY-ST-ZIP NAPLES, FL 34113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME Lurie, Howard
STREET ADDRESS 8449 Indian Wells Way
CITY-ST-ZIP Naples, FL 34113

TITLE ☐ Change ☒ Addition
NAME Vecchio, Michael
STREET ADDRESS 8480 Indian Wells Way
CITY-ST-ZIP Naples, FL 34113

TITLE S ☒ Change ☐ Addition
NAME Torba, James
STREET ADDRESS 8380 Indian Wells Way
CITY-ST-ZIP Naples, FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Howard Lurie

Howard Lurie Pres.

Date

4/27/07

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR