2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N97000000719

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

TOROA, JAMES
8380 INDIAN WELLS WAY
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

TORBA, JAMES
8380 INDIAN WELLS WAY
NAPLES, FL 34113 US

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: JAMES TORBA 04/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: VECCHIO, MICHAEL
Address: 8480 INDIAN WELLS WAY
City-St-Zip: NAPLES, FL 34113

Title: P/D ( ) Delete
Name: TOROA, JAMES
Address: 8380 INDIAN WELLS WAY
City-St-Zip: NAPLES, FL 34113

Title: S ( ) 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: P (X) Change ( ) Addition
Name: TOROA, JAMES
Address: 8380 INDIAN WELLS WAY
City-St-Zip: NAPLES, FL 34113

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES TORBA P 04/15/2009
Electronic Signature of Signing Officer or Director Date