

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001005

FILED
Mar 30, 2009
Secretary of State

Entity Name: ISLE OF GRANADA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

906 SW ST LUCIE WEST BLVD
SUITE 222
PORT SAINT LUCIE, FL 349861766

New Principal Place of Business:

Current Mailing Address:

906 SW ST LUCIE WEST BLVD
SUITE 222
PORT SAINT LUCIE, FL 349861766

New Mailing Address:

FEI Number: 65-0898416 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LYLE, FINN
239 NW ZANZIBAR PLACE
PORT SAINT LUCIE, FL 34986 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: TD () Delete
Name: MICHAUD, ELIZABETH
Address: 229 NW ZANZIBAR PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P () Delete
Name: FINN, LYLE
Address: 239 NW ZANZIBAR PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: KAHN, MARTIN
Address: 132 NW CATANIA CR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: BROWN, JAMES M
Address: 130 CATANIA CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S () Delete
Name: JUDD, DOROTHY L
Address: 207 NW ZANZIBAR FL
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WINESTOCK, INGRID
Address: 231 NW ZANZIBAR PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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

Title: D (X) Change () Addition
Name: IACONA, JOANNE
Address: 232 NW ZANZIBAR PLACE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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: LYLE FINN

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date