

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001005

FILED  
Feb 18, 2011  
Secretary of State

**Entity Name:** ISLE OF GRANADA NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

584 NW UNIVERSITY BLVD  
SUITE 703  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

584 NW UNIVERSITY BLVD  
SUITE 703  
PORT SAINT LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 65-0898416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNETT, GOOGE & ASSOC  
401 E OSCEOLA ST  
STUART, FL 34995 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  
Name: WINESTOCK, INGRID  
Address: 231 NW ZANZIBAR PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P  
Name: BABBITT, MURRAY  
Address: 233 NW ZANZIBAR PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP  
Name: FOURNIER, GLORIA  
Address: 242 NW ZANZIBAR PL  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: S  
Name: SEYMOUR, LAVERNE  
Address: 227 NW ZANZIBAR PL  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE CIMPI

PM

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date