

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90430 005 ****61.25

DOCUMENT # N98000002219 1. Entity Name ISLE OF MADEIRA NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business KINGS ISLE 100 KINGS ISLE BLVD PORT SAINT LUCIE, FL 34986			Mailing Address KINGS ISLE 100 KINGS ISLE BLVD PORT SAINT LUCIE, FL 34986		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>1111 SE Federal Hwy</i> <i>Suite 100</i>		02212006 Chg-NP CR2E037 (11/05)	
City & State		City & State <i>Stuart, FL</i>		4. FEI Number 59-0711505	
Zip		Zip <i>34994</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELINSKY, PAT 825 NW SORRENTO LANE PORT ST LUCIE, FL 34986			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	SD MANICONE, JOHN 869 NW SARRIA CT PORT ST LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWORKIN, IRVIN 100 NW KINGS ISLE BOULEVARD PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELINSKY, PAT 825 NW SORRENTO LN PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAFEER, HARVEY B 100 NW KINGS ISLE BLVD PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PESCH, JIM 100 NW KINGS ISLE BLVD. PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VPD VPD VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TD TD TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PD PD PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>James W. Pesch Jr</i> <i>April 24 2006</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					