2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90059 039 ****61.25 DOCUMENT # N98000002219 ISLE OF MADEIRA NEIGHBORHOOD ASSOCIATION, INC. VIIIDTIL Principal Place of Business Mailing Address KINGS ISLE 1111 SE FED HWY STE 100 100 KINGS ISLE BLVD STUART, FL 34994 PORT SAINT LUCIE, FL 34986 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-0711505 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MELINSKY, PAT 825 NW SORRENTO LANE Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE, FL 34986 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TITLE Delete TITLE ☐ Change Addition NAME MANICONE, JOHN STREET ADDRESS 869 NW SARRIA CT STREET ADDRESS City-ST-ZIP PORT ST LUCIE, FL 34986 CITY-ST-ZIP D TIT! F TITLE ☐ Channe ☐ Addition Delete DWORKIN, IRVIN NAME NAME STREET ADDRESS 100 NW KINGS ISLE BOULEVARD STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34986 CITY-ST-ZIP VPD TITLE Delete □ Change ■ Addition MELINSKY, PAT NAME. NAME STREET ADDRESS 825 NW SORRENTO LN STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 CITY-ST-ZIP TO TITLE Delete TITLE Addition SAFEER, HARVEY B NAME NAME STREET ADDRESS 100 NW KINGS ISLE BLVD STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 CITY-ST-ZIP PD ☐ Delete ☐ Addition TITLE TITLE PESCH, JIM NAME NAME STREET ADDRESS 100 NW KINGS ISLE BLVD. STREET ADDRESS CITY-ST-7IP PORT SAINT LUCIE, FL 34986 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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