


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90030 014 \*\*\*\*61.25

<b>DOCUMENT # N98000002219</b>					
<b>1. Entity Name</b> ISLE OF MADEIRA NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> KINGS ISLE 100 KINGS ISLE BLVD PORT SAINT LUCIE, FL 34986			<b>Mailing Address</b> 1111 SE FED HWY STE 100 STUART, FL 34994		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-0711505	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MELINSKY, PAT 825 NW SORRENTO LANE PORT ST LUCIE, FL 34986			Name <u>RAYMOND E. MORIN</u> Street Address (P.O. Box Number is Not Acceptable) <u>905 NW SARRITA CT</u> City <u>PORT ST LUCIE</u> FL <u>34986</u>		
<b>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.</b>					
SIGNATURE <u>Raymond E. Morin</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1/31/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD <b>NAME</b> MANICONE, JOHN <b>STREET ADDRESS</b> 869 NW SARRIA CT <b>CITY-ST-ZIP</b> PORT ST LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> KISNER, BRENDA MARIE <b>STREET ADDRESS</b> 849 NW SORRENTO LANE <b>CITY-ST-ZIP</b> PORT ST LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> DWORKIN, IRVIN <b>STREET ADDRESS</b> 100 NW KINGS ISLE BOULEVARD <b>CITY-ST-ZIP</b> PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> MELINSKY, PAT <b>STREET ADDRESS</b> 825 NW SORRENTO LN <b>CITY-ST-ZIP</b> PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> DANARIELLO, RUTH <b>STREET ADDRESS</b> 867 NW SORRENTO LANE <b>CITY-ST-ZIP</b> PORT ST LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> MORIN, RAYMOND <b>STREET ADDRESS</b> 905 NW SARRITA COURT <b>CITY-ST-ZIP</b> PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> PESCH, JIM <b>STREET ADDRESS</b> 100 NW KINGS ISLE BLVD. <b>CITY-ST-ZIP</b> PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>James W. Peschke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President <u>01/24/08</u> <u>772-873-0989</u> <small>Date Daytime Phone #</small>		