

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002219

FILED
Jan 13, 2009
Secretary of State

Entity Name: ISLE OF MADEIRA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

KINGS ISLE
100 KINGS ISLE BLVD
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1111 SE FED HWY STE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 59-0711505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORIN, RAYMOND E
905 NW SARRIA CT
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: D () Delete
Name: DWORKIN, IRVIN
Address: 100 NW KINGS ISLE BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD () Delete
Name: PANARIELLO, RUTH
Address: 867 NW SORRENTO LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD () Delete
Name: MORIN, RAYMOND
Address: 905 NW SARRITA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PD () Delete
Name: PESCH, JIM
Address: 100 NW KINGS ISLE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD () Delete
Name: KISNER, BRENDA MARIE
Address: 849 NW SORRENTO LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: MORIN, RAYMOND
Address: 905 NW SARRITA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD (X) Change () Addition
Name: BOZAK, THOMAS
Address: 891 NW SARRIA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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: RAYMOND MORIN

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date