2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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: 65-0907372 **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
Name: DWORKIN, IRVIN
Address: 100 NW KINGS ISLE BOULEVARD
City-St-Zip: PORT ST. LUCIE, FL 34986

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

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

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

Title: VPD
Name: KISNER, BRENDA MARIE
Address: 849 NW SORRENTO LN
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: RAYMOND MORIN PRES 03/23/2011
Electronic Signature of Signing Officer or Director Date