

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002219

FILED  
Apr 11, 2012  
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:** 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: WALKER, SHARON  
Address: 912 NW SARRIA COURT  
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 SORRENTINO 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

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date