

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004050

Entity Name: ISLA VISTA AT GREY OAKS NEIGHBORHOOD ASSOCIATION, INC.

FILED
Mar 14, 2013
Secretary of State
CC9883711986

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. #215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. #215
NAPLES, FL 34104

FEI Number: 59-3653785

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEBER, RON
2012 ISLE VISTA LANE
NAPLES, FL 34105 US

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

Officer/Director Detail :

Title P
Name WEBER, RON
Address 2012 ISLA VISTA LANE
City-State-Zip: NAPLES FL 34105

Title T
Name BORON, GREGG
Address 2040 ISLA VISTA DRIVE
City-State-Zip: NAPLES FL 34105

Title S
Name BAYER, RON
Address 2028 ISLA VISTA LANE
City-State-Zip: NAPLES FL 34105

Title VP
Name OWENS, BRIAN
Address 2060 ISLA VISTA LANE
City-State-Zip: NAPLES FL 34105

Title D
Name MONTANARO, LEO
Address 2033 ISLA VISTA LANE
City-State-Zip: NAPLES FL 34105

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: RON WEBER

PRESIDENT

03/14/2013

Electronic Signature of Signing Officer/Director Detail

Date