

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004050

FILED
Apr 01, 2018
Secretary of State
CC8575561569**Entity Name:** ISLA VISTA AT GREY OAKS NEIGHBORHOOD ASSOCIATION, INC.**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:**RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. #215
NAPLES, FL 34104 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: ROBERT ROSENOW****04/01/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	T
Name	BORON, GREGG
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215
City-State-Zip:	NAPLES FL 34104

Title	P
Name	OWENS, BRIAN
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215
City-State-Zip:	NAPLES FL 34104

Title	VP
Name	WHITTEMORE, JOHN
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215
City-State-Zip:	NAPLES FL 34104

Title	SECRETARY
Name	BLEMASTER, JANE
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	EDELMANN, PATRICIA
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215
City-State-Zip:	NAPLES FL 34104

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: BRIAN OWENS**PRESIDENT****04/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date