2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2015
Secretary of State
CC1784868786

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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:

OWENS, BRIAN
2060 ISLA 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: BRIAN OWENS 04/07/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP	Title	T
Name	DESPAIN, JAMES	Name	BORON, GREGG
Address	2051 ISLA VISTA LANE	Address	2040 ISLA VISTA DRIVE
City-State-Zip:	NAPLES FL 34105	City-State-Zip:	NAPLES FL 34105
Title	P	Title	S
Name	OWENS, BRIAN	Name	LAUNDER, BILL
Address	2060 ISLA VISTA DRIVE	Address	2036 ISLA VISTA LANE
City-State-Zip:	NAPLES FL 34105	City-State-Zip:	NAPLES FL 34105
Title	D		
Name	MANGAN, MICHAEL		
Address	2041 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: BRIAN OWENS PRESIDENT 04/07/2015

Electronic Signature of Signing Officer/Director Detail — Date