

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08023

**Entity Name:** ISLAND VISTA ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**605 ELEPHANT WAY  
N. FT. MYERS, FL 33917**Current Mailing Address:**605 ELEPHANT WAY  
N. FT. MYERS, FL 33917 US**FEI Number:** 65-0036386**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VELEZ , MARY ANN  
605 ELEPHANT WAY  
N. FT. MYERS, FL 33917 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:** MARY ANN VELEZ

02/14/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT             |
| Name            | CADE, JEANNIE C       |
| Address         | 275 SABLE             |
| City-State-Zip: | N FORT MYERS FL 33917 |

|                 |                       |
|-----------------|-----------------------|
| Title           | SECRETARY             |
| Name            | BUSH , TERESA         |
| Address         | 393 A GNU DR          |
| City-State-Zip: | N FORT MYERS FL 33917 |

|                 |                       |
|-----------------|-----------------------|
| Title           | TREASURER             |
| Name            | VELEZ , MARY ANN      |
| Address         | 605 ELEPHANT WAY      |
| City-State-Zip: | N. FT. MYERS FL 33917 |

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR              |
| Name            | BUSCEMI, JESSICA      |
| Address         | 74 GAZELLE DR.        |
| City-State-Zip: | N.FORT MYERS FL 33917 |

|                 |                        |
|-----------------|------------------------|
| Title           | DIRECTOR               |
| Name            | PEMBERTON , JESSICA    |
| Address         | 220 GAZELLE            |
| City-State-Zip: | N. FORT MYERS FL 33917 |

|                 |                       |
|-----------------|-----------------------|
| Title           | DIRECTOR              |
| Name            | VOYER , PAM           |
| Address         | 187 ELAND DR          |
| City-State-Zip: | N FORT MYERS FL 33917 |

*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:** JEANNIE C CADE

PRESIDENT

02/14/2021

Electronic Signature of Signing Officer/Director Detail

Date