

2023 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:** No**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

03/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREASURER
Name VELEZ, MARY ANN
Address 605 ELEPHANT WAY
 NORTH FORT MYERS, FL 33917
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name ISAACS, JOHN E
Address 128 SABLE DR
City-State-Zip: N. FORT MYERS FL 33917

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

Title DIRECTOR
Name HAUSMANN, SADIJA
Address 405 MONGOOSE LANE
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR
Name SCULLEY, RICKIE
Address 121 LEOPARD LANE
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: MARY A VELEZ**TREASURER/RESIDENT
AGENT**

03/19/2023

Electronic Signature of Signing Officer/Director Detail

Date