FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **714473** **(6)**

1. Corporation Name
CHATEAU CHEVERNY OF IBIS ISLE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2216 IBIS ISLE ROAD P. O. BOX 032013 DELRAY BEACH FL 33480	2216 IBIS ISLE ROAD P. O. BOX 032013 DELRAY BEACH FL 33480

3. Date Incorporated or Qualified: 04/18/1968
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1286935 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

RASMUSSEN, SUSAN
2216 IBIS ISLE ROAD
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ENKEN, MILLIE	1.2 NAME	
STREET ADDRESS	2160 IBIS ISLE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, DONALD	2.2 NAME	
STREET ADDRESS	2160 IBIS ISLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSMITH, JACK	3.2 NAME	
STREET ADDRESS	2160 IBIS ISLE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	LORILLARD, ALICE	4.2 NAME	
STREET ADDRESS	2160 IBIS ISLE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	STARK, BIB	5.2 NAME	
STREET ADDRESS	2160 IBIS ISLE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BECH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mille Enken Mille Enken Steen 4/25/95 (407) 589-6841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013160