

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 714473 (6)**  
1. Corporation Name  
**CHATEAU CHEVERNY OF IBIS ISLE ASSOCIATION, INC.**



Principal Place of Business  
**2216 IBIS ISLE ROAD  
P. O. BOX 832013  
DELRAY BEACH FL 33480**

Mailing Address  
**2216 IBIS ISLE ROAD  
P. O. BOX 832013  
DELRAY BEACH FL 33480**

3. Date Incorporated or Qualified **04/18/1968** 3a. Date of Last Report **05/01/1995**

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**

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

## 12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENKEN, MILLIE	
STREET ADDRESS	2160 IBIS ISLE RD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, DONALD	
STREET ADDRESS	2160 IBIS ISLE RD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOLDSMITH, JACK	
STREET ADDRESS	2160 IBIS ISLE RD	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LORILLARD, ALICE	
STREET ADDRESS	2160 IBIS ISLE RD	
CITY-ST-ZIP	PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STARK, BIB	
STREET ADDRESS	2160 IBIS ISLE ROAD	
CITY-ST-ZIP	PALM BECH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

*John M. Goldsmith*  
John M. Goldsmith

3/14/96

Date

407 582-2418

Daytime Phone #

CR2E037 (12/95)