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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715501 (3)

1. Corporation Name
TOWER VALLENCAY OF IBIS ISLE ASSOCIATION, INC.



Principal Place of Business 220 CONGRESS PARK DR SUITE 200 DELRAY BEACH FL 33445	Mailing Address 220 CONGRESS PARK DR SUITE 200 DELRAY BEACH FL 33445-4805
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3. Date Incorporated or Qualified 11/04/1968	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 C.A.M.S.	2a. Mailing Address 26 C.A.M.S.
Suite, Apt. #, etc. 22 314 NE 3rd St	Suite, Apt. #, etc. 27 314 NE 3rd St.
City & State 23 Boynton Beach Fl	City & State 28 Boynton Beach Fl
Zip 24 33435	Country 25 P.B.
Zip 29 33435	Country 30 P.B.

4. FEI Number 59-1726586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RODBELL, MR. ARTHUR
2155 IBIS WAY, APT. 2
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TEEL, DONALD
STREET ADDRESS	2155 IBIS WAY #6
CITY - ST - ZIP	PALM BEACH, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	FLESCHNER, MALCOLM K.
STREET ADDRESS	2155 IBIS WAY TOWER EAST
CITY - ST - ZIP	PALM BEACH, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	RBICOFF, BELLE
STREET ADDRESS	2155 IBIS WAY TOWER WEST
CITY - ST - ZIP	PALM BEACH, FL 00000
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	KERSTEIN, LAWRENCE
STREET ADDRESS	2155 IBIS WAY, APT 12
CITY - ST - ZIP	PALM BEACH, FL 00000
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MICHELSON, DR. ALAN
STREET ADDRESS	2155 IBIS WAY #1
CITY - ST - ZIP	PALM BEACH, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	RODBELL, ARTHUR
STREET ADDRESS	2155 IBIS WAY
CITY - ST - ZIP	PALM BCH, FL 00000

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Kerstein, Lawrence
4.3 STREET ADDRESS	2155 Ibis Way #12
4.4 CITY - ST - ZIP	Palm Beach, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T.D. Christ Bastis
5.3 STREET ADDRESS	2155 IBIS WAY
5.4 CITY - ST - ZIP	Palm Beach FL 33480
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 does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: **4/8/97** (561) 588-4770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0043183

CR2E037 (9/96)