

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90081 049 ****61.25

0002408

DOCUMENT # 715501
 1. Entity Name
TOWER VALLENCAY OF IBIS ISLE ASSOCIATION, INC.

Principal Place of Business 2155 IBIS WAY APT. 2 PALM BEACH FL 33480	Mailing Address 2155 IBIS WAY C/O ARTHUR RODBELL PALM BEACH FL 33480
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00001280



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2155 IBIS Isle ROAD Suite, Apt. #, etc.	3. Mailing Address 2155 IBIS Isle ROAD Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1726586	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
RODBELL, ARTHUR
 2155 IBIS WAY
 APT. 2
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent
 Name **DR. ALAN Michelson**
 Street Address (P.O. Box Number is Not Acceptable) **2155 IBIS Isle ROAD**
APT - PH 1
 City **Palm Beach** FL Zip Code **33480**

8. 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 DATE **1-9-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODBELL, ARTHUR 2155 IBIS WAY, APT. 2 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KERSTEIN, LAWRENCE 2155 IBIS WAY, APT. 12 PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIBICOFF, BELLE 2155 IBIS WAY, TOWER EAST PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEEL, DONALD 2155 IBIS WAY, APT. 6 PALM BEACH FL 33480 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERMAN, DONALD 2155 IBIS WAY, APT. 8 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, BETTY SEDAN 2155 IBIS WAY, APT. 1 PALM BEACH FL 33480 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHELSON, DR. ALAN 2155 IBIS Isle ROAD, PH 1 PALM BEACH, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAVENS, VERNON L. 2155 IBIS Isle ROAD #12 PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT Koslawsky 2155 IBIS Isle ROAD #16 PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **1-9-01** Daytime Phone # **561-966-6598**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)