


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90312 018 \*\*\*\*61.25

<b>DOCUMENT # 715501</b>			
1. Entity Name <b>TOWER VALLENCAY OF IBIS ISLE ASSOCIATION, INC.</b>			
Principal Place of Business <b>2155 IBIS ISLE RD APT. 2 PALM BEACH FL 33480</b>		Mailing Address <del>2994 JOG RD SUITE B</del> <b>GREENACRES FL 33467</b>	
2. Principal Place of Business		3. Mailing Address <b>2216 Iris Isle Road</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		<b>Palm Beach, Florida</b>	
Zip	Country	Zip	Country
<b>33480</b>		<b>33480</b>	<b>USA</b>

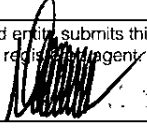


MOORE CR2E037 (11/03)

4. FEI Number <b>59-1726586</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>GERRISH, SCOTT 2994 JOG RD SUITE B GREENACRES FL 33467</b>		7. Name and Address of New Registered Agent Name <b>Dennis L. Johnson</b> Street Address (P.O. Box Number if Not Acceptable) <b>2216 Iris Isle Road</b> City <b>Palm Beach</b> FL Zip Code <b>33480</b>	
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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. I am familiar with, and accept the obligations of registered agent:

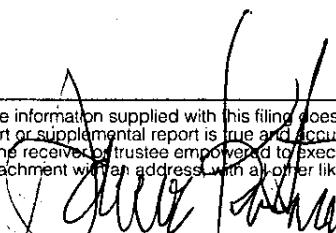
SIGNATURE  **DENNIS L. JOHNSON, LCAM** DATE **4/10/04**

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD GSCHWANDTNER, LAURA 2155 IBIS ISLE RD., #2 PALM BEACH FL 33480</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WHITE, HARRY 2155 IBIS ISLE RD APT15 PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD John Kessler 2155 Iris Isle Rd, Unit 15E Palm Beach, FL 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD KERSTEIN, LARRY 2155 IBIS ISLE RD., #10 PALM BEACH FL 33480</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mr Jack SCHOENHOLTZ 2155 Iris Isle Rd, Unit # 14 Palm Beach, FL 33480</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LITOWITZ, BONNIE 2155 IBIS ISLE RD., #11 PALM BEACH FL 33480</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAVENS, VERNON L 2155 IBIS ISLE RD #12 PALM BEACH FL 33480</b> <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **LARRY KERSTEIN** DATE **4/16/04** (561) 347-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR