


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90365 033 \*\*\*\*61.25

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<b>DOCUMENT # 715501</b>					
1. Entity Name TOWER VALLENCAY OF IBIS ISLE ASSOCIATION, INC.					
Principal Place of Business ASSOCIATED PROPERTY MGT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			Mailing Address ASSOCIATED PROPERTY MGT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1726586	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASSOCIATED PROPERTY MGT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITOWITZ, BONNIE		NAME	SHARFMAN, RICHARD	
STREET ADDRESS	2155 IBIS ISLE RD #11		STREET ADDRESS	44 GROSVENOR RD.	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	SHORT HILLS, NJ 07078	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERSTEIN, LARRY		NAME	KESSLER, JOHN	
STREET ADDRESS	2155 IBIS ISLE RD #10		STREET ADDRESS	2155 IBIS ISLE RD. #15E	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODBELL, ARTHUR		NAME	MCELROY, ROBERT	
STREET ADDRESS	2155 IBIS ISLE RD #3		STREET ADDRESS	434 CHILEAN AVE. #2A	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENHOLTZ, JACK DR		NAME	RODBELL, ARTHUR	
STREET ADDRESS	2155 IBIS ISLE RD #14		STREET ADDRESS	2155 IBIS ISLE RD. #3	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RIBICOFF, BELLE	
STREET ADDRESS			STREET ADDRESS	81 BLOOMFIELD AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	HARTFORD, CT 06105	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Richard M. Sharfman, President</i>			3/2/07		212-806-5876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard M. Sharfman			Date		Daytime Phone #