
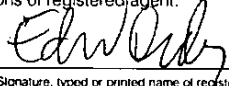
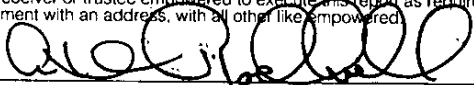


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 029 ****61.25

DOCUMENT # 715501					
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			
Zip	Country	Zip	Country	4. FEI Number 59-1726586	
				Applied For Not Applicable	
				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 EDWARD DICLER ESQUIRE		
			Street Address (P.O. Box Number is Not Acceptable) 1818 Australian Ave. South		
			Suite 400		
			City West Palm Beach FL		Zip Code 33409
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 		Signature, typed or printed name of registered agent and title if applicable.		DATE	
		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARFMAN, RICHARD		NAME	RODBELL, ARTHUR	
STREET ADDRESS	44 GROSVENOR RD		STREET ADDRESS	2155 IBIS ISLE RD. #3	
CITY-ST-ZIP	SHORT HILLS, NJ 07078		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, JOHN		NAME	KESSLER, JOHN	
STREET ADDRESS	2155 IBIS ISLE RD #TSE		STREET ADDRESS	2155 IBIS ISLE RD. #TSE	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCELROY, ROBERT		NAME	MCELROY, ROBERT	
STREET ADDRESS	434 CHILEAN AVE #2A		STREET ADDRESS	2155 IBIS ISLE RD. #PH4	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODBELL, ARTHUR		NAME	KROSNEY, RITA	
STREET ADDRESS	2155 IBIS ISLE RD #3		STREET ADDRESS	2155 IBIS ISLE RD. #9	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIBICOFF, BELLE		NAME	FISHMAN, BETTY	
STREET ADDRESS	81 BLOOM FIELD AVE		STREET ADDRESS	2155 IBIS ISLE RD. #1	
CITY-ST-ZIP	HARTFORD, CT 06105		CITY-ST-ZIP	PALM BEACH, FL 33480	
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: 		Date 5-29-08		Daytime Phone # 561-888-4770	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	