

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

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90006 048 ****61.25

DOCUMENT # 769991

1. Entity Name

INTERNATIONAL CLUB AT VILLAGES OF ORIOLE
ASSOCIATION, INC.



Principal Place of Business

C/O PHOENIX MANAGEMENT
4780 N. STATE ROAD 7, SUITE #250
LAUDERDALE LAKES FL 33319
US

Mailing Address

C/O PHOENIX MANAGEMENT
4780 N. STATE ROAD 7, SUITE #250
LAUDERDALE LAKES FL 33319
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2415688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHOENIX MANAGEMENT
541 S STATE RD 7 STE 12
MARGATE FL 33068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EISENSTEIN, AUDREY
STREET ADDRESS 14897 BALMORAL LANE
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE SD
NAME SCHWARTZ, ISIDORE
STREET ADDRESS 14917 WEDGEFIELD DRIVE #103
CITY-ST-ZIP DELRAY BEACH FL 33446 ☒ Delete

TITLE TD
NAME STOLLER, EMANUEL
STREET ADDRESS 14917 WEDGEFIELD DR
CITY-ST-ZIP DELRAY BCH FL ☒ Delete

TITLE VPD
NAME MILLNER, HARRIET
STREET ADDRESS 14895 BULTMORE WAY #212
CITY-ST-ZIP DELRAY BCH FL 33446 ☒ Delete

TITLE ~~PTD~~
NAME FRISS, MERLYN
STREET ADDRESS 6586 SOUTHWEST TERR.
CITY-ST-ZIP DELRAY BEACH FL 33446 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME VIVIAN PRUSAN
STREET ADDRESS 14917 WEDGE FIELD DR
CITY-ST-ZIP DELRAY BEACH, FL 33446 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME FRED PHENES
STREET ADDRESS 14898 WEDGE FIELD DR
CITY-ST-ZIP DELRAY BEACH, FL 33446 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME CLAIRE DRATELL
STREET ADDRESS 14917 WEDGE FIELD DR
CITY-ST-ZIP DELRAY BEACH, FL 33446 ☒ Change ☐ 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: *Audrey Eisenstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04 *561-495-9015*
Date Daytime Phone #