## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 12, 2007 8:00 am DOCUMENT # N94000000656 **Secretary of State** 1. Entity Name 03-12-2007 90087 007 \*\*\*\*61.25 ILLUSTRE VILLAGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O PRIME MANAGEMENT GROUP 6300 PARK & COMMERCE BLVD. BOCA RATON FL 33487 C/O PRIME MANAGEMENT GROUP 6300 PARK & COMMERCE BLVD. BOCA RATON FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 65-0562405 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MICHEL, TEIFA Street Address (P.O. Box Number is Not Acceptable) 5153 FLORIDA DRIVE "R" **BOYNTON BEACH FL 33437** Cilv Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. IIIIE Delete IILE ☐ Change Addition JEIFA, MICHEL NAME STREET ADDRESS 5153 FLORIA DR "R" STREET ADDRESS CITY-SI-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME RICHER, JERRY NAME STREET ADDRESS 5136 C FLORIA DRIVE STREET ADDRESS CHY SI-ZIP CHY-ST-7IP **BOYNTON BEACH FL 33437** THE ☐ Delete TITLE ☐ Change Addition NAME NAME MARTONE, NORMA STREET ADDRESS STREET ADDRESS 5135 FLORIA DR "A" CITY-SI-Z护 CITY-ST-ZIP **BOYNTON BEACH FL 33437** KEN NEWHAN ITTLE Delete TITLE 5136-F FloRIADE NAME NAME MARTONE, BOB STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FORIDA 33437 5135 FLORIDA DRIVE CITY-SI-ZIP CITY-ST-78P BOYNTON BEACH FL 33437 SAL FAVILA 10 **I** Change THE Delete TITLE ☐ Addition NAME ALPER, ALISA NAME STREET ADDRESS STREET ADDRESS 5172 FLORIA DRIVE CITY-SI-ZIP **BOYNTON BEACH FL 33437** CITY-S1-ZIP THILE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

IA TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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