

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # 713757

1. Entity Name
VILLA TAMBOUR OF IBIS ISLE ASSOCIATION, INC.



Principal Place of Business
**2190 IBIS ISLE RD.
PALM BEACH, FL 33480**

Mailing Address
**2216 IBIS ISLE RD
PALM BEACH, FL 33480**



03132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1286936

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATTILA, HENRY
2216 IBIS ISLE ROAD
PALM BEACH, FL 33480**

**DO NOT WRITE
IN THIS SPACE**

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 Henry Mattila **Henry Mattila, Manager, CAM, March 13, 2008**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLARD, FRANK
STREET ADDRESS 2190 IBIS ISLE, UNIT 4
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VD
NAME KOGON, BEVERLIE
STREET ADDRESS 2190 IBIS ISLE ROAD, #3
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ST
NAME KLAPPER, ELLEN
STREET ADDRESS 2190 IBIS ISLE ED., UNIT 2
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
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U000000873714
04/10/08-80089-018 61.25

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IN THIS SPACE**

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: Ellen S Klapper **Ellen S Klapper** 3/13/08 **561-583-2418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #