
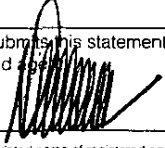


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90334 024 ****61.25

DOCUMENT # 714119					
1. Entity Name VILLA LAC-BEAU OF IBIS ISLE ASSOCIATION, INC.					
Principal Place of Business 2216 IBIS ISLE RD PALM BEACH FL 33480		Mailing Address 2216 IBIS ISLE RD PALM BEACH FL 33480			
2. Principal Place of Business <i>2195 Iris Isle Road</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Palm Beach, FL</i>		City & State		4. FEI Number 59-1287270	
Zip 33480		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, DENNIS L 2216 IBIS ISLE RD PALM BCH FL 33480			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 		DENNIS L. JOHNSON, LCAM		DATE 4/16/04	
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. <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	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITUCHY, ALLEN		NAME P		
STREET ADDRESS	2195 IBIS ISLE RD # 4		STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL 33480		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, JOHN		NAME		
STREET ADDRESS	2195 IBISISH RD #8		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<i>S/D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESTON, ATINSKY		NAME	<i>Thomas De Long</i>	
STREET ADDRESS	2195 IBIS ISLE RD APT 1		STREET ADDRESS	<i>2195 Iris Isle Road, Unit #1</i>	
CITY-ST-ZIP	PALM BCH FL 33480		CITY-ST-ZIP	<i>Palm Beach, FL 33480</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGAN, JOHN		NAME		
STREET ADDRESS	2195 IBIS ISLE RD. #7		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
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		
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 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: <i>Allen Lituchy</i>			Date: <i>4/16/04</i>		Daytime Phone #: <i>561/837-5958</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #