

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

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01122005 No Chg-NP CR2E037 (10/03)

DOCUMENT # 714119
 1. Entity Name
 VILLA LAC-BEAU OF IBIS ISLE ASSOCIATION, INC.



Principal Place of Business Mailing Address
 2195 IBIS ISLE RD. 2216 IBIS ISLE RD
 PALM BEACH, FL 33480 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1287270	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
~~JOHNSON, DENNIS L~~ *C.A.M.S*
~~2216 IBIS ISLE RD~~ *314 N.E. 310 ST*
~~PALM BCH, FL 33480~~ *BOYNTON BEACH, FL 33435*

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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: *Maryanne Sawyer Property Manager* DATE: *4/20/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LITUCHY, ALLEN 2195 IBIS ISLE RD # 4 PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURLEY, JOHN 2195 IBISISH RD #8 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD / TD JONES, THOMAS <i>DeLong</i> <i>(change)</i> 2195 IBIS ISLE RD., UNIT 1 PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUGAN, JOHN <i>Delete</i> 2195 IBIS ISLE RD. #7 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *John L Hurley Pres* DATE: *3/23/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #