


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90080 006 ****61.25

DOCUMENT # 714119					
1. Entity Name VILLA LAC-BEAU OF IBIS ISLE ASSOCIATION, INC.					
Principal Place of Business 2195 IBIS ISLE RD. PALM BEACH, FL 33480		Mailing Address 2216 IBIS ISLE RD PALM BEACH, FL 33480			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02262007 Chg-NP CR2E037 (12/06)	
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			7. Name and Address of New Registered Agent		
FOOSE, KIM CAMS PLUS 4524 GUN CLUB RD SUITE 106 WEST PALM BEACH, FL 33415			Name <u>Henry Mattila</u> Street Address (P.O. Box Number is Not Acceptable) <u>2216 Ibis Isle Road</u> City <u>Palm Beach</u> FL Zip Code <u>33480</u>		
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 <u>Henry Mattila</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			<u>Henry Mattila</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>March 1, 2007</u>
Filing Fee is \$61.25 Due by May 1, 2007		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	VDTD	<input checked="" type="checkbox"/> Delete	TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITUCHY, ALLEN		NAME	STEFFAN, Vincent	
STREET ADDRESS	2195 IBIS ISLE RD # 4		STREET ADDRESS	3195 IBIS ISLE ROAD, # 7	
CITY-ST-ZIP	PALM BCH, FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
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	V/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELONG, THOMAS		NAME	DELONG, Thomas	
STREET ADDRESS	2195 IBIS ISLE RD., UNIT 1		STREET ADDRESS	2195 IBIS ISLE ROAD, # 1	
CITY-ST-ZIP	PALM BCH, FL 33480		CITY-ST-ZIP	PALM BEACH, FL 33480	
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		
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 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: <u>John L. Hurley</u>		President - John L. Hurley		2/28/07 547-3365	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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