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

**DOCUMENT #714119** 

## **FILED** Mar 28, 2008 8:00 am Secretary of State 03-28-2008 90029 042 \*\*\*\*61.25

1. Entity Name VILLA LAC-BEAU OF IBIS ISLE ASSOCIATION, INC.						۸۵۵	53383			
Principal Place of Business Mailing Address 2195 IBIS ISLE RD. 2216 IBIS ISLE RD PALM BEACH, FL 33480 PALM BEACH, FL 33480				30		400	000-			
2. Principal Place of Business - No P.O. Box # 3. M			lailing Address						8/4   E  1     1  4     1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03142008	Chg-NP	CR2E	037 (12/06)	
City & State			City & State			4. FEI Numbe 59-128	9r 7270			pplied For ot Applicable
Zip	Country	Ž	Zip	Country		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
MATTILA, HENRY				Name	Name MATTILA Henry					
2216 1615 ISLE RD				Street of	Strent Andress (P.O. Box Numbers Not Acceptable)					
PALM BEACH, FL 33480							<del></del>		<del></del>	
City Paln						Beac		F	L 3332	180
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.										
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SIGNATURES	Stantone, typed or professioname of	of registered agent and title if a	т	Mattila E: Registered Agent signatu			,CAM,	DATE		14,408
SIGNATURESign	than my	 25	т	mpaign Financing		when reinslaid of \$5.00 May E		Make che	ock payable t	
SIGNATURESlor Fil	gnature, typed or prefedename of illing Fee is \$61.2 ue by May 1, 200	 25	9. Election Car Trust Fund 6	mpaign Financing		\$5.00 May 8 Added to Fees		Make che orida Dep	ock payable t artment of S	N 10
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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 truetee 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 attackment with an address, with all other like empowered.

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

MAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED PANE OF SIGNING OFFICER OR DIRECTOR

☐ Delete

20/08 561-547-3365

Daytime Phone #

Change

☐ Addition