


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

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90029 042 \*\*\*\*61.25

<b>DOCUMENT # 714119</b>					
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			
Zip	Country	Zip	Country	03142008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1287270 Applied For Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MATTILA, HENRY 2216 1615 ISLE RD PALM BEACH, FL 33480		Name <u>MATTILA, Henry</u> Street Address (P.O. Box Numbers Not Acceptable) <u>2216 Ibis Isle Rd.</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>		<u>Henry Mattila, Manager, CAM, March 14, 2008</u>		DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEFFAN, VINCENT		NAME	ABBOTT, James	
STREET ADDRESS	2195 IBIS ISLE RD #7		STREET ADDRESS	2195 Ibis Isle Rd.	
CITY-ST-ZIP	PALM BEACH, FL 37480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, JOHN		NAME	HURLEY, John	
STREET ADDRESS	2195 IBISISH RD #8		STREET ADDRESS	2195 Ibis Isle Rd.	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELONG, THOMAS		NAME		
STREET ADDRESS	2195 IBIS ISLE RD., UNIT 1		STREET ADDRESS		
CITY-ST-ZIP	PALM BCH, 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		
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>		<u>John L. Hurley</u>		Date <u>3/20/08</u> 561-547-3365	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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