

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714119

FILED
Feb 18, 2009
Secretary of State

Entity Name: VILLA LAC-BEAU OF IBIS ISLE ASSOCIATION, INC.

Current Principal Place of Business:

2195 IBIS ISLE RD.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

2216 IBIS ISLE RD
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1287270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTILA, HENRY
2216 1615 ISLE RD
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

MATTILA, HENRY
2216 ISLE ISLE RD
PALM BEACH, FL 33480 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/18/2009

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: ABBOTT, JAMES
Address: 2195 IBIS ISLE RD
City-St-Zip: PALM BEACH, FL 33480

Title: PD () Delete
Name: HURLEY, JOHN
Address: 2195 IBIS ISLE RD
City-St-Zip: PALM BEACH, FL 33480

Title: VD () Delete
Name: DELONG, THOMAS
Address: 2195 IBIS ISLE RD., UNIT 1
City-St-Zip: PALM BCH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: ABBOTT, JAMES
Address: 2195 IBIS ISLE RD. # 6
City-St-Zip: PALM BEACH, FL 33480

Title: PD (X) Change () Addition
Name: HURLEY, JOHN
Address: 2195 IBIS ISLE RD. # 8
City-St-Zip: PALM BEACH, FL 33480

Title: VD (X) Change () Addition
Name: DELONG, THOMAS
Address: 2195 IBIS ISLE RD. # 1
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY MATTILA

Electronic Signature of Signing Officer or Director

RA

02/18/2009

Date