


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90135 008 ****61.25

DOCUMENT # 714467					
1. Entity Name VILLA SEREIN OF IBIS ISLE ASSOCIATION, INC.					
Principal Place of Business 2170 IBIS ISLE RD PALM BEACH, FL 33480 US		Mailing Address 2216 IBIS ISLE RD PALM BEACH, FL 33480 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1286932	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAMS 4524 GUN CLUB RD STE 105 WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name: Henry Mattila Street Address (P.O. Box Number is Not Acceptable): 2216 Ibis Isle Road City: Palm Beach FL Zip Code: 33480		
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: <i>Henry Mattila</i> Signature, typed or printed name of registered agent and title if applicable		Henry Mattila		March 16, 2007 DATE	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURLEY, MARY ANN	NAME			
STREET ADDRESS	2195 IBIS ROAD, UNIT #5	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRENDERGAST, ROBERT	NAME			
STREET ADDRESS	2170 IBIS ISLE ROAD, UNIT #1	STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP			
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSEN, GINNY	NAME			
STREET ADDRESS	1250 THORNAPPI F I A N F UNIT #6	STREET ADDRESS			
CITY-ST-ZIP	NORTHBROOK, IL 60062	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: <i>Robert W. Prendergast</i>		Robert W. Prendergast		3/16/07 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				561-592-7502 Daytime Phone #	

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