

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715501

1. Entity Name

TOWER VALLENCAY OF IBIS ISLE ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90041 011 ****61.25

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 2155 IBIS WAY APT. 2 PALM BEACH FL 33480 | 2155 IBIS WAY C/O ARTHUR RODBELL PALM BEACH FL 33480 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | 59-1726586 | 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 |
| RODBELL, ARTHUR 2155 IBIS WAY APT. 2 PALM BEACH FL 33480 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|-----------------------------|---|--------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|---|--------------------------------|--|

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|---|---|
| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE PD NAME RODBELL, ARTHUR STREET ADDRESS 2155 IBIS WAY, APT. 2 CITY-ST-ZIP PALM BEACH FL 33480 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE VD NAME KERSTEIN, LAWRENCE STREET ADDRESS 2155 IBIS WAY, APT. 12 CITY-ST-ZIP PALM BEACH FL 33480 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE SD NAME RIBICOFF, BELLE STREET ADDRESS 2155 IBIS WAY, TOWER EAST CITY-ST-ZIP PALM BEACH FL 33480 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE D NAME TEEL, DONALD STREET ADDRESS 2155 IBIS WAY, APT. 6 CITY-ST-ZIP PALM BEACH FL 33480 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE D NAME WATERMAN, DONALD STREET ADDRESS 2155 IBIS WAY, APT. 8 CITY-ST-ZIP PALM BEACH FL 33480 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE D NAME FISHMAN, BETTY SEDAN STREET ADDRESS 2155 IBIS WAY, APT. 1 CITY-ST-ZIP PALM BEACH FL 33480 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE OF RODBELL, ARTHUR 2-21-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)