
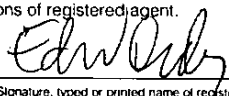
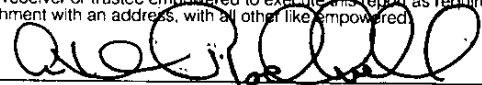


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 029 ****61.25

DOCUMENT # 715501 1. Entity Name TOWER VALLENCAY OF IBIS ISLE ASSOCIATION, INC.					
Principal Place of Business ASSOCIATED PROPERTY MGT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			Mailing Address ASSOCIATED PROPERTY MGT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		
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	4. FEI Number 59-1726586	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MGT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name EDWARD DICLER ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 1818 Australian Ave. South Suite 400 City West Palm Beach FL Zip Code 33409		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARFMAN, RICHARD 44 GROSVENOR RD SHORT HILLS, NJ 07078	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODBELL, ARTHUR 2155 IBIS ISLE RD. #3 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KESSLER, JOHN 2155 IBIS ISLE RD #TSE PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KESSLER, JOHN 2155 IBIS ISLE RD. #TSE PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCELROY, ROBERT 434 CHILEAN AVE #2A PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCELROY, ROBERT 2155 IBIS ISLE RD. #PH4 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODBELL, ARTHUR 2155 IBIS ISLE RD #3 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROSNEY, RITA 2155 IBIS ISLE RD. #9 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBICOFF, BELLE 81 BLOOM FIELD AVE HARTFORD, CT 06105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, BETTY 2155 IBIS ISLE RD. #1 PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 5-29-08 Daytime Phone # 561-588-4770		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					