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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715543 (5)
1. Corporation Name
VILLA RIDEAU OF IBIS ISLE ASSOCIATION, INC.

Principal Place of Business
**2216 IBIS ISLE RD
PALM BEACH FL 33480**

Mailing Address
**2216 IBIS ISLE RD
PALM BEACH FL 33480**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date incorporated or Qualified 11/12/1968	Applied For Not Applicable
4. FEI Number 59-1285947	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
RASMUSSEN, SUSAN 2216 IBIS ISLE RD PALM BEACH FL 33480	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	HEIOT, EDWARD DR
STREET ADDRESS	2175 IBIS ISLE RD #1
CITY-ST-ZIP	PALM BEACH, FL 00000
TITLE	SD
NAME	HEIOT, LESLIE
STREET ADDRESS	2175 IBIS ISLE RD #1
CITY-ST-ZIP	PALM BEACH, FL 00000
TITLE	VD
NAME	ELFENBIEN, HARRIET
STREET ADDRESS	2175 IBIS ISLE RD
CITY-ST-ZIP	PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SD
2.2 NAME	QUENEY, Sharon
2.3 STREET ADDRESS	2175 Ibis Isle Rd #3
2.4 CITY-ST-ZIP	Palm Beach, FL 33480
3.1 TITLE	VPD
3.2 NAME	Kraub, Nina
3.3 STREET ADDRESS	2175 Ibis Isle Road
3.4 CITY-ST-ZIP	Palm Beach, FL 33480
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/22/98 561-54-8830

CR2E037 (10/97)