

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90139 042 ****61.25

40066459



01122005 Chg-NP CR2E037 (10/03)

DOCUMENT # 715543 1. Entity Name VILLA RIDEAU OF IBIS ISLE ASSOCIATION, INC.					
Principal Place of Business 2175 IBIS ISLE ROAD PALM BEACH, FL 33480				Mailing Address 2175 IBIS ISLE ROAD PALM BEACH, FL 33480	
2. Principal Place of Business		3. Mailing Address 2216 Ibis Isle Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Palm Beach, FL			
Zip	Country	Zip 33480	Country USA	4. FEI Number 59-1285947	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, DENNIS L 2246 IBIS ISLE ROAD PALM BEACH, FL 33480			Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code		
CAMS 314 NE. 3rd ST BOYNTON BEACH, FL 33435			FL		
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>Marine Sawyer</i> <i>Property Manager</i> <i>4/20/05</i> <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, 2005		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	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DENNIS L		NAME	Paul Noble	
STREET ADDRESS	7798 NEMEC DRIVE S		STREET ADDRESS	2175 Ibis Isle Rd., # 2	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDT, LESLIE		NAME		
STREET ADDRESS	2175 IBIS ISLE RD., UNIT #1		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOENING, ALBERT P		NAME		
STREET ADDRESS	2175 IBIS ISLE RD., UNIT #3		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		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 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: <i>Albert P. Loening</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					