

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90048 011 ****61.25

60028740



02272007 Chg-NP CR2E037 (12/06)

| | | | | | |
|--|---------------------------------|---|---|---|--------------------------|
| 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 2216 IBIS ISLE ROAD PALM BEACH, FL 33480 | | |
| 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 59-1285947 | |
| | | | | Applied For <input type="checkbox"/> 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 | | |
| CAMS PLUS / KIM FOOSE- 4524 GUN CLUB RD STE 105- WEST PALM BEACH, FL 33415- | | | Name Henry Mattila | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 2216 Ibis Isle Rd. | | |
| | | | 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 <u>Henry Mattila</u> Henry Mattila March 6, 2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| 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 | PD | <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 | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NOBLE, PAUL | | NAME | | |
| STREET ADDRESS | 2175 IBIS ISLE RD., UNIT #2 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH, FL 33480 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COOPER-NOBLE, PAULETTE | | NAME | | |
| STREET ADDRESS | 2175 IRIS ISLE RD 2 | | 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 | | |
| 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: Paul R. Noble Paul R. Noble Treasurer 3/13/07 561/588-3018 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |