


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 715543</b> 1. Entity Name VILLA RIDEAU OF IBIS ISLE ASSOCIATION, INC.	
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Principal Place of Business 2175 IBIS ISLE ROAD PALM BEACH, FL 33480	Mailing Address 2216 IBIS ISLE ROAD PALM BEACH, FL 33480
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**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1285947	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MATTILA, HENRY  
2216 IBIS ISLE RD  
PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

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 Henry Mattila March 3rd, 2008  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEIDT, LESLIE 2175 IBIS ISLE RD., UNIT #1 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOENING, ALBERT P 2175 IBIS ISLE RD., UNIT #3 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOBLE, PAUL 2175 IBIS ISLE RD., UNIT #2 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER-NOBLE, PAULETTE 2175 IBIS ISLE RD 2 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/08-80001-025 61.25

**DO NOT WRITE  
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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: Albert P. Loening 3-5-08 (561) 582-2418  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #