2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 31, 2003 8:00 am **Secretary of State DOCUMENT # 715543** 03-31-2003 90157 048 ****61.25 1. Entity Name VILLA RIDEAU OF IBIS ISLE ASSOCIATION, INC. Principal Place of Business Mailing Address 2216 IBIS ISLE RD 2216 IBIS ISLE RD PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1285947 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, DENNIS L Street Address (P.O. Box Number is Not Acceptable) 2216 IBIS ISLE ROAD PALM BEACH FL 33480 City Zip Code 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 q BENNIS L. JOHNSON SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS,\$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VTD X Change TITLE ☐ Delete TITLE Addition UNIT # a ROWE, CAROL ANN A NAME NAME 2175 IBIS ISLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 SD ☐ Delete ☐ Addition JOHNSON, DENNIS L NAME STREET ADDRESS 7798 NEMEC DRIVE S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL,33406 Change Change TITLE Delete TITLE Addition HEIDT, LESLIE UNIT# 1 NAME NAME STREET ADDRESS 2175 IBIS ISLE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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 of 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 a factorises, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED