FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N06118** **(6)**

1. Corporation Name

ISLAND VILLAS ON EVERGLADES AVENUE CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5725 CORPORATE WAY, STE. 101 WEST PALM BEACH FL 33407	5725 CORPORATE WAY, STE. 101 WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified: **11/09/1984**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2465807** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ERICKSON, PAUL B.
321 ROYAL POINCIANA PLAZA
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	-PD-	11 TITLE	D	☒ Change ☐ Addition
NAME	CHARLES BAUMANN	12 NAME	Charles Baumann	
STREET ADDRESS	9733 SPRAY DR.	13 STREET ADDRESS	9733 Spray Drive	
CITY ST ZIP	WPB FL	14 CITY ST ZIP	WPB, FL	
TITLE	-VD-	21 TITLE	PD	☒ Change ☐ Addition
NAME	LESLIE WESTOFF	22 NAME	Leslie Westoff	
STREET ADDRESS	225 EVERGLADES AVE	23 STREET ADDRESS	227 Everglades Ave	
CITY ST ZIP	PALM BCH FL 33480	24 CITY ST ZIP	Palm Bch, FL 33480	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	PAUL ERICKSON	32 NAME		
STREET ADDRESS	321 ROYAL POINCIANA PLAZA	33 STREET ADDRESS		
CITY ST ZIP	PALM BCH FL 33480	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	MICHAEL J. MCGRATH, CPA	42 NAME		
STREET ADDRESS	5725 CORPORATE WAY, STE. 101	43 STREET ADDRESS		
CITY ST ZIP	WPB FL 33407	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LOUISE FLOECKHER	52 NAME		
STREET ADDRESS	225 EVERGLADES AVE.	53 STREET ADDRESS		
CITY ST ZIP	PALM BCH FL 33480	54 CITY ST ZIP		
TITLE	D	61 TITLE	VD	☐ Change ☒ Addition
NAME	VIVIAN HARBRIDGE	62 NAME	Ali DiNovo	
STREET ADDRESS	225 EVERGLADES AVE.	63 STREET ADDRESS	225 Everglades Ave	
CITY ST ZIP	PALM BCH FL 33480	64 CITY ST ZIP	Palm Bch, FL 33480	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harold E. J. McGrath, CPA 5/1/95 (407)684-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00110M