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NONPROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT #

N06118

(6)

ISLAND VILLAS ON EVERGLADES AVENUE CONDOMINIUM A SSOCIATION, INC.

Principal Place	of Business	Mailing Address			1 \$401(10) BAE 00(40 0)(0) 1)001				
5725 CORPORATE WAY. STE. 101 WEST PALM BEACH FL 33407		5725 CORPORATE WAY. STE. 101 WEST PALM BEACH FL 33407							
						 Date Incorporated or Qualified 11/09/1984 	3a.	Date of Last 05/01/1	
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
Suite, Apt. 4	# ato	26				59-2465807			Not Applicable
22	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
City & State)	City & State				6. Election Campaign Financing		· · · · · · · · · · · · · · · · · ·	May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	•		. 199.032,
24	9. Name and Address of Current	29 Registered Agent	30			Florida Statutes 10. Name and Address of New		□ No	 .
	5. Walle and Address of Correll	r registered Agent		81	Name	To. Name and Address of New	negister	o Agent	
MCGRATH, MICHAEL									
	PROPRATE WAY		82 Street Add			Address (P.O. Box Number is Not Accept	abiej		
SUITE 1				вз					
WEST P.	ALM BEACH FL 33407			84	City			. 85 Z	p Code
44 5					•		F	'L '	•
or registeri	o the provisions of Sections 517.0002 ed agent, or both, in the State of Florio h, and accept the obligations of, Secti	la. Such change was authoriz	ed by the d	orpo	iamed co oration's	orporation submits this statement for the place board of directors. I hereby accept the ap	ourpose of opointment	changing its r as registered	registered office Lagent. Lam
	Signature, typed or printed name of registered agent :	 		Agen	l signature n	required when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS A		
TITLE	D CHARLES BALLMANN	DELETE	1.1 Ti			VD		Change	Addition
NAME OTREET APPROVES	CHARLES BAUMANN		1.2 N/			Ali DiNovo			
STREET ADDRESS	9733 SPRAY DR. WPB FL				ADDRESS	225 Everglades Avenu Palm Beach, FL 3348	e		
CITY-ST-ZIP TITLE	PD	DELETE	1.4 00 2.1 T/		1 · ZiP	Paliii Beach, FL 3348 SD	V	[] Change	X) Addition
NAME	LESLIE WESTOFF		2.2 NA			M. Timothy Hanlon			iggs violation
STREET ADDRESS	225 EVERGLADES AVE				ADDRESS	321 Poinciana Plaza	South		
CITY - ST - ZIP	PALM BCH FL		2.40	ιΤΥ-S	I-ZIP	Palm Beach, FL 3348			
TITLE	SD	DEL DEL ETE	3.1 Ti	TLE		D		Change	X Addition
NAME {	PAUL ERICKSON		3.2 NA	MF		Frances Knight			
STREET ADDRESS	321 ROYAL POINCIANA PLAZ	Ά.	3.3 \$1	REET	ADDRESS	225 Everglades Avenu			
CITY-ST-ZIP	PALM BCH FL 33480		3 4. C		T - Z(P	Palm Beach, FL 3348	0		
TITLE NAME	TD MOCHAEL I MOCEDATU ODA	DELETE	4.1 Til					☐ Change	☐ Addition
STREET ADDRESS	MICHAEL J. MCGRATH, CPA 5725 CORPORATE WAY, STE	101	4. 2 N		YDDDCCC				
CITY-ST-ZIP	WPB FL 33407	. 101	4.3 S F		ADDRESS				
TITLE	D	DELETE	5.1 Ti		1 - 24			Change	Addition
NAME	LOUISE FLOECKHER	_	5.2 N/						
STREET ADDRESS	225 EVERGLADES AVE.				ADORESS				
CITY-ST-ZIP	PALM BCH FL 33480		5.4 CI	TY - \$1	I - ZIP				
TITLE	D	DELETE	6.1 TO	TLE				Change	Addition
NAME	VIVIAN HARBRIDGE		6.2 NA	ME					
STREET ADDRESS	225 EVERGLADES AVE.		6.3 ST	REET	ADDRESS				
CHY-ST-ZIP	PALM BCH FL 33480	ittis their filing in contratantly from	6.4 CI			District Control of Control	0.07/09	Francis Communication	tan (E. ali
certify that oath; that I	the information indicated on this annu	al report or supplemental ann ration or the receiver or truste	ual report is e empower	s tru	e and ac	alify for the exemption stated in Section 1 courale and that my signature shall have the te this report as required by Chapter 617,	ne same lec	oal effect as it	made under

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFISER OF DIRECTOR

3/21/96 (40)684-6604

CR2E037 (12/95