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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **N06118** (6)

1. Corporation Name

**ISLAND VILLAS ON EVERGLADES AVENUE CONDOMINIUM ASSOCIATION, INC.**

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 33407-2022**



3. Date Incorporated or Qualified  
**11/09/1984**

3a. Date of Last Report  
**03/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGRATH, MICHAEL  
5725 CORPORATE WAY  
SUITE 101  
WEST PALM BEACH FL 33407**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **CHARLES BAUMANN**  
STREET ADDRESS **9733 SPRAY DR.**  
CITY-ST-ZIP **WPB FL**

TITLE **PD** ☐ DELETE  
NAME **LESLIE WESTOFF**  
STREET ADDRESS **225 EVERGLADES AVE**  
CITY-ST-ZIP **PALM BCH FL**

TITLE **D** ☐ DELETE  
NAME **KNIGHT, FRANCES**  
STREET ADDRESS **225 EVERGLADES AVENUE**  
CITY-ST-ZIP **PALM BEACH FL**

TITLE **TD** ☒ DELETE  
NAME **MICHAEL J. MCGRATH, CPA**  
STREET ADDRESS **5725 CORPORATE WAY, STE. 101**  
CITY-ST-ZIP **WPB FL 33407**

TITLE **D** ☐ DELETE  
NAME **LOUISE FLOECKHER**  
STREET ADDRESS **225 EVERGLADES AVE.**  
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE **D** ☐ DELETE  
NAME **VIVIAN HARBIDGE**  
STREET ADDRESS **225 EVERGLADES AVE.**  
CITY-ST-ZIP **PALM BCH FL 33480**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **MARTIN A. LIST**  
4.3 STREET ADDRESS **TREASURER**  
4.4 CITY-ST-ZIP **134 N. County Road**  
**Palm Beach, FL 33480**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0040465

CR2E037 (9/96)