

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/09/1984

4. FEI Number

59-2465807

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Glenn D. Smith

82 Street Address (P.O. Box Number is Not Acceptable)

138 N. County Rd.

83

84 City

Palm Beach

FL

85 Zip Code
33480

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

Glenn D. Smith

Glenn D. Smith

5/1/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHARLES BAUMANN	
STREET ADDRESS	9733 SPRAY DR.	
CITY-ST-ZIP	WPB FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LESLIE WESTOFF	
STREET ADDRESS	225 EVERGLADES AVE	
CITY-ST-ZIP	PALM BCH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KNIGHT, FRANCES	
STREET ADDRESS	225 EVERGLADES AVENUE	
CITY-ST-ZIP	PALM BEACH FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	LIST, MARTIN A	
STREET ADDRESS	138 N COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUISE FLOECKHER	
STREET ADDRESS	225 EVERGLADES AVE.	
CITY-ST-ZIP	PALM BCH FL 33480	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VIVIAN HARBRIDGE	
STREET ADDRESS	225 EVERGLADES AVE.	
CITY-ST-ZIP	PALM BCH FL 33480	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Leslie Westoff

CR2E037 (10/97)