


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06118 1. Entity Name ISLAND VILLAS ON EVERGLADES AVENUE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 225 EVERGLADES AVE PALM BEACH, FL 33480	Mailing Address PO BOX 708 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE

FILED
04 FEB -5 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2465807	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DALFONSO, JOE 225 EVERGLADES AVE PALM BEACH, FL 33480	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLES BAUMANN 9733 SPRAY DR. WPB, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DALFONSO, JOE 225 EVERGLADES AVE PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOECKER, LOUISE 225 EVERGLADES AVENUE PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINOVO, ALI A 225 EVERGLADES AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTRANDER, R. JAMES 769 LAKE AVE GREENWICH, CN 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

400029252004
02/23/04--01073--008 **61.25

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 or 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 an address, with all other like empowered.

SIGNATURE: <i>Joseph Dalonso</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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