

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90136 040 ****61.25

DOCUMENT # N06118

1. Entity Name

ISLAND VILLAS ON EVERGLADES AVENUE
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

225 EVERGLADES AVE
PALM BEACH FL 33480

Mailing Address

PO BOX 708
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2465807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DALFONSO, JOE
225 EVERGLADES AVE
PALM BEACH FL 33480

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP
NAME CHARLES BAUMANN ☐ Delete
STREET ADDRESS 9733 SPRAY DR.
CITY-ST-ZIP WPB FL

TITLE P ☐ Delete
NAME DALFONSO, JOE
STREET ADDRESS 225 EVERGLADES AVE
CITY-ST-ZIP PALM BCH FL

TITLE T ☒ Delete
NAME FLOECKER, LOUISE
STREET ADDRESS 225 EVERGLADES AVENUE
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ Delete
NAME DINOVO, ALI A
STREET ADDRESS 225 EVERGLADES AVE
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☒ Delete
NAME OSTRANDER, R. JAMES *Treasurer*
STREET ADDRESS 769 LAKE AVE
CITY-ST-ZIP GREENWICH CN 06830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME *S Leslie Westoff*
STREET ADDRESS *225 Everglades Ave. #3*
CITY-ST-ZIP *Palm Beach, FL. 33480*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #