2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006
Secretary of State

DOCUMENT# N06118

Entity Name: ISLAND VILLAS ON EVERGLADES AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

225 EVERGLADES AVE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

PO BOX 708
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-2465807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DALFONSO, JOE
225 EVERGLADES AVE
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	CHARLES BAUMANN,	
Address:	9733 SPRAY DR.	
City-St-Zip:	WPB, FL	
Title:	P	( ) Delete
Name:	DALFONSO, JOE	
Address:	225 EVERGLADES AVE	
City-St-Zip:	PALM BCH, FL	
Title:	T	( ) Delete
Name:	FLOECKER, LOUISE	
Address:	225 EVERGLADES AVENUE	
City-St-Zip:	PALM BEACH, FL	
Title:	D	( ) Delete
Name:	DINOVO, ALI A	
Address:	225 EVERGLADES AVE	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	OSTRANDER, R. JAMES	
Address:	769 LAKE AVE	
City-St-Zip:	GREENWICH, CN 06830	
Title:	S	( ) Delete
Name:	WESTOFF, LESLIE	
Address:	225 EVERGLADES AVE #3	
City-St-Zip:	PALM BEACH, FL 33480	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE DALFONSO P 07/20/2006

Electronic Signature of Signing Officer or Director — Date