2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
02-01-2007 90044 001 ****61.25
02-01-2007 90044 002 ****61.25

DOCUMENT # N06118

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

Principal Place of Business	Mailing Address
225 EVERGLADES AVE PALM BEACH, FL 33480	PO BOX 708 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP CR2E037 (4/06)

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

DALFONSO, JOE
225 EVERGLADES AVE
PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CHARLES BAUMANN
STREET ADDRESS	9733 SPRAY DR.
CITY-ST-ZIP	WPB, FL
TITLE	P
NAME	DALFONSO, JOE
STREET ADDRESS	225 EVERGLADES AVE
CITY-ST-ZIP	PALM BCH, FL
TITLE	T
NAME	FLOECKER, LOUISE
STREET ADDRESS	225 EVERGLADES AVENUE
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	DINOVO, ALI A
STREET ADDRESS	225 EVERGLADES AVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	OSTRANDER, R. JAMES
STREET ADDRESS	769 LAKE AVE
CITY-ST-ZIP	GREENWICH, CN 06830
TITLE	S
NAME	WESTOFF, LESLIE
STREET ADDRESS	225 EVERGLADES AVE #3
CITY-ST-ZIP	PALM BEACH, FL 33480

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Joseph D'Alfonso 3/8/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

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PAID
JAN 15 2007
BY: 2717
ATTACHMENT

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66012596

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PAID
JAN 15 2007
BY: 2722

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SIGNATURE: Joseph Dalfonso 3/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #