

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06118

FILED
Mar 23, 2009
Secretary of State

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:

2950 JOG RD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 59-2465807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANDREW, HELGESEN
11380 PROSPERITY FARMS ROAD
SUITE 201
PALM BEACH GARDENS, FL 33410 US

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: ANDREW HELGESEN

03/23/2009

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: D () Delete
Name: DINOVO, ALI A
Address: 225 EVERGLADES AVE
City-St-Zip: PALM BEACH, FL 33480

Title: T () 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:

I hereby certify that the information supplied with this filing does not qualify 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date