

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000656 (8)

1. Corporation Name

ILLUSTRE VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4400 W SAMPLE ROAD
SUITE 200
COCONUT CREEK FL 33073-3450

4400 W SAMPLE ROAD
SUITE 200
COCONUT CREEK FL 33073-3450

c/o Custom Property Management

3. Date Incorporated or Qualified
02/09/1994

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

21 **5265 Brisata Cir.**

Suite, Apt. #, etc.

22 **F**

City & State

23 **Boynton Beach, FL**

Zip

24 **33437**

Country

25 **USA**

2a. Mailing Address

26 **2328 S. Congress Ave**

Suite, Apt. #, etc.

27 **2A**

City & State

28 **West Palm Beach, FL**

Zip

29 **33406**

Country

30 **USA**

4. FEI Number

65-0562405

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINTO BUILDERS (FLORIDA), INC.
ATTN: MICHAEL GREENBERG
4400 W SAMPLE ROAD, SUITE 200
COCONUT CREEK FL 33073-3450

81 Name
Custom Property Management, Inc.

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

2328 S. Congress Ave

83 Suite **2A**

84 City **Boynton Beach**

FL

85 Zip Code **33406**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **JAMES L. HIDALGO / Manager**

4/4/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD**
NAME **RODGERS, FRANK**
STREET ADDRESS **4400 WEST SAMPLE ROAD, SUITE #200**
CITY-ST-ZIP **COCONUT CREEK FL 33073-3450**

TITLE **PD**
NAME **BEER, T R**
STREET ADDRESS **4400 WEST SAMPLE ROAD, SUITE #200**
CITY-ST-ZIP **COCONUT CREEK FL 33073-3450**

TITLE **VD**
NAME **LANGLOIS, FRANK**
STREET ADDRESS **4400 WEST SAMPLE ROAD, SUITE #200**
CITY-ST-ZIP **COCONUT CREEK FL 33073-3450**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President - P**
1.2 NAME **FRIE, Arthur**
1.3 STREET ADDRESS **5265 F Brisata Cir.**
1.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

2.1 TITLE **VP - D**
2.2 NAME **MARVIN FREIFELD**
2.3 STREET ADDRESS **5171 M Florida Drive**
2.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

3.1 TITLE **Treasurer - D**
3.2 NAME **JERRY APPLEBAUM**
3.3 STREET ADDRESS **5136 H Florida Drive**
3.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

4.1 TITLE **Secretary - D**
4.2 NAME **Sal MACALUSO**
4.3 STREET ADDRESS **5265 L Brisata Cir.**
4.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

5.1 TITLE **Director**
5.2 NAME **Robert MARTONE**
5.3 STREET ADDRESS **5135 A Florida Drive**
5.4 CITY-ST-ZIP **Boynton Beach FL 33437**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Sherid 3 Applebaum**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 401 374 9953

DATE DAYTIME PHONE

CR2E037 (12/95)