


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90036 028 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N94000000656 | | | | | |
| 1. Corporation Name ILLUSTRE VILLAGE CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O PRIME MANAGEMENT GROUP 6300 PARK & COMMERCE BLVD. BOCA RATON FL 33487 US | | | Mailing Address C/O PRIME MANAGEMENT GROUP 6300 PARK & COMMERCE BLVD. BOCA RATON FL 33487 US | | |



| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/09/1994 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 65-0562405 | |
| 22 City & State | | 27 City & State | | Applied For Not Applicable | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 | | 30 | | Trust Fund Contribution | |

| | | | | | | | |
|--|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent SWATT, MYRON C/O PRIME MANAGEMENT GROUP 6300 PARK & COMMERCE BLVD. BOCA RATON FL 33487 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | | 84 City | | | |
| | | | | FL | | 85 Zip Code | |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------------|--|--|---|--|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MACALUSO, SALVATORE | | | 1.2 NAME | | | |
| STREET ADDRESS | 5265 F BRISATA CIR. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | 1VPD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FREIFELD, MARVIN | | | 2.2 NAME | KAPLOWITZ, SIDNEY | | |
| STREET ADDRESS | 5171 M FLORIA DRIVE | | | 2.3 STREET ADDRESS | 5154 B FLORIA DRIVE. | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | | | 2.4 CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | APPLEBAUM, GEROLD | | | 3.2 NAME | | | |
| STREET ADDRESS | 5136 H FLORIA DRIVE | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33434 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | TROMBKA, JOAN | | | 4.2 NAME | SD MARTONE, NORMA | | |
| STREET ADDRESS | 5171-I FLORIA AVE | | | 4.3 STREET ADDRESS | 5135 A FLORIA DRIVE | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | | | 4.4 CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | |
| TITLE | 2VP | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KAPLOWITZ, SIDNEY | | | 5.2 NAME | WILNER, IRVING | | |
| STREET ADDRESS | 5154-B FLORIA DRIVE | | | 5.3 STREET ADDRESS | 5153 U FLORIA DRIVE | | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | | | 5.4 CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. 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 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, with all other like empowered.

SIGNATURE: *Gerold Applebaum, Pres.* 3/11/99 561-374-9953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0065794

CR2E037 (11/98)