FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2001 8:00 am DOCUMENT # N9400000656 **Secretary of State** 1. Entity Name 03-09-2001 90471 037 ****61.25 ILLUSTRE VILLAGE CONDOMINIUM ASSOCIATION: INC. Principal Place of Business Mailing Address C/O PRIME MANAGEMENT GROUP C/O PRIME MANAGEMENT GROUP 6300 PARK & COMMERCE BLVD. 6300 PARK & COMMERCE BLVD. **BOCA RATON FL 33487** BOÇA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0562405 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SWATT, MYRON C/O PRIME MANAGEMENT GROUP 6300 PARK & COMMERCE BLVD. City Zip Code **BOCA RATON FL 33487** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **FILE NOW:** Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME MARTONE, ROBERT NAME STREET ADDRESS STREET ADDRESS 5135 A FLORIA DRIVE CITY-ST-ZIP CITY-ST-7IP **BOYNTON BEACH FL 33437** TITLE **VPD** Delete TITLE Change ☐ Addition NAME COHEN, LARRY NAME STREET ADDRESS STREET ADDRESS 5172 A FLORIA DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** TITLE ☐ Delete TITLE Change ☐ Addition RICHER, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 5136 C FLORIA DRIVE CITY-ST-ZIF CITY-ST-ZIP BOYNTON BEACH FL 33437 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARTONE, NORMA STREET ADDRESS STREET ADDRESS 5135 A FLORIA DR CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** 🖸 Delete ☐ Change ☐ Addition NAME RINDNER, EDITH NAME STREET ADDRESS STREET ADDRESS 5136 N FLORIA DRIVE CITY-ST-ZIF CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

with an address, with all other like empowered

changed, or on an attachment

SIGNATURE:

RICHER 3

(561) 374-9