2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/

FILED
Apr 22, 2005 8:00 am
Secretary of State
03-25-2005 90026 039 ****61.25

66012161

DOCUMENT # N94000000656

1. Entity Name
ILLUSTRE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PRIME MANAGEMENT GROUP 6300 PARK & COMMERCE BLVD. BOCA RATON, FL 33487 US	C/O PRIME MANAGEMENT GROUP 6300 PARK & COMMERCE BLVD. BOCA RATON, FL 33487 US

03072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0562405 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWATT, MYRON C/O PRIME MANAGEMENT GROUP 6300 PARK & COMMERCE BLVD. BOCA RATON, FL 33487	Name: Jeifa Michel Street Address (P.O. Box Number is Not Acceptable): 5153 FLORIDA DR "R" City: Boynton Beach FL Zip Code: 33437

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

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JEIEA, MIKE 5153 FLORIA DR "R" BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JEIFA, Michel 5153 FLORIA DR "R" Boynton Beach, FL 33437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICHER, JERRY 5136 C FLORIA DRIVE BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARTONE, NORMA 5135 FLORIA DR "A" BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, BEN 5153 C FLORIA DR BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bob Martone 5135 Floria Dr Boynton, FL 33437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FAVITTA, SAL 5136 B FLORIA DRIVE BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Alisa Alper 5172 Floria Dr Boynton Beach, FL 33437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #