


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90059 032 ****61.25

DOCUMENT # N94000000656 1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0562405	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MICHEL, TEIFA 5153 FLORIDA DRIVE "R" BOYNTON BEACH, FL 33437			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEIFA, MICHEL <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5153 FLORIDA DR "R"		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	PD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHER, JERRY <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5136 C FLORIDA DRIVE		STREET ADDRESS	5136 FLORIDA DR. "C"	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTONE, NORMA <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5135 FLORIDA DR "A"		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEWMAN, KEN <input checked="" type="checkbox"/> Delete		NAME	PERNICK, STUART	
STREET ADDRESS	5136-F FLORIDA DR.		STREET ADDRESS	5265 BRISATA CIRCLE "G"	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	D		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FAVITA, SAL <input checked="" type="checkbox"/> Delete		NAME	GERE, MIKE	
STREET ADDRESS	5136-B FLORIDA DR.		STREET ADDRESS	5154 FLORIDA DR. "A"	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jerry Richer</u> JERRY RICHER <u>1/15/08</u> <u>561 374-957</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					