

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000656

FILED  
Jan 11, 2012  
Secretary of State

**Entity Name:** ILLUSTRE VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O THE CONTINENTAL GROUP INC  
6300 PARK & COMMERCE BLVD.  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE CONTINENTAL GROUP INC  
6300 PARK & COMMERCE BLVD.  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 65-0562405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHEL, JEIFA  
5153 FLORIDA DRIVE  
APT R  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** TD  
**Name:** JEIFA, MICHEL  
**Address:** 5153 FLORIDA DR , APT R  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** PD  
**Name:** RICHER, JERRY  
**Address:** 5136 FLORIDA DR, APT C  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** S  
**Name:** OLSHAN, JEANETTE  
**Address:** 5136 FLORIDA DR , APT E  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** D  
**Name:** DISMAN, PHILIP  
**Address:** 5135 FLORIDA DR. APT I  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** D  
**Name:** ZEGANS, IAN  
**Address:** 5135 FLORIDA DR APT H  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** D  
**Name:** WEINSTEIN, BARBARA  
**Address:** 5153 FLORIDA DR, APT V  
**City-St-Zip:** BOYNTON BEACH, FL 33437

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JERRY RICHER

PD

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date