

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06118

**FILED**  
**Mar 05, 2021**  
**Secretary of State**  
**7695503404CC**

**Entity Name:** ISLAND VILLAS ON EVERGLADES AVENUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

225 EVERGLADE AVE  
PALM BEACH, FL 33480

**Current Mailing Address:**

PO BOX 3266  
PALM BEACH, FL 33480 US

**FEI Number: 59-2465807**

**Certificate of Status Desired: No**

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

CRANE, ROBERT L ESQ  
515 N FLAGLER DR 20 FLOOR  
W PALM BEACH, FL 33401 US

*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

**Officer/Director Detail :**

Title BOARD MEMBER  
Name WHITAKER, TIM  
Address 225 EVERGLADE AVE, #9  
City-State-Zip: PALM BEACH FL 33480

Title PRESIDENT, SECRETARY  
Name DINOVO, ALI A  
Address 225 EVERGLADE AVE, #4  
City-State-Zip: PALM BEACH FL 33480

Title TREASURER, VP  
Name TONE, PASCAL  
Address 225 EVERGLADE AVE #7  
City-State-Zip: PALM BEACH FL 33480

Title BOARD MEMBER  
Name BODOR, LAURIE  
Address 225 EVERGLADE AVE #8  
City-State-Zip: PALM BEACH FL 33480

Title BOARD MEMBER  
Name RUNCO, KRISTINE  
Address 225 EVERGLADE AVE #6  
City-State-Zip: PALM BEACH FL 33480

*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: ALI A DINOVO**

**PRESIDENT**

**03/05/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date