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May 06, 2008 8:00 am
Secretary of State
03-27-2008 90030 038 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006450

1. Entity Name
IBIS COVE MASTER PROPERTY OWNERS ASSOCIATION, INC.

66009814

Principal Place of Business	Mailing Address
3050 HORSHOE DR #275 NAPLES, FL 34104	3050 HORSESHOE DR N STE 275 NAPLES, FL 34104

01142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8120 Logan Way	8120 Logan Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34119 Country: ~~Golden~~ US	Zip: 34119 Country: ~~Golden~~ US

4. FEI Number: 59-3677739 ☐ 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
~~KRAMER TRIAD MGMT~~ ~~3050 HORSESHOE DR N STE 275~~ ~~NAPLES, FL 34104~~ Thomas J Murphy Chm 8120 Logan Way Naple FL 34119	Name: Thomas J Murphy Chm Street Address (P.O. Box Number is Not Acceptable): 8120 Logan Way City: Naple FL Zip Code: 34119

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: Thomas J Murphy 3/10/08
(Signature, typed or printed name of registered agent and title of officer) (NOTE: Registered Agent signature required where indicated) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 ESTES, DOROTHY 6391 IBIS COVE CIR NAPLES, FL 34119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	F Tom Barnett 8120 Logan Way Naple FL 34119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHERIFFS, ROBERT 6181 TAVREN CT NAPLES, FL 34116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sharon Murphy D 8120 Logan Way Naple FL 34119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, JEFF 6223 IBIS COVE CIR NAPLES, FL 34119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SNYDER, JEFF 6263 IBIS COVE CIR NAPLES, FL 34116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AHERN, BARRY 6167 IBIS COVE CIR NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Thomas J Murphy Chm 239-348-7340
(Typed or printed name of person signing) (Title of officer or director) Date Daytime Phone #