2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N00000006450

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

Current Principal Place of Business:

8120 LOGAN WAY
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

8120 LOGAN WAY
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3677739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, THOMAS J CAM
8120 LOGAN WAY
NAPLES, FL 34119 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: T ( ) Delete
Name: BARNETT, TOM
Address: 8120 LOGAN WAY
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete
Name: MURPHY, SHARON
Address: 8120 LOGAN WAY
City-St-Zip: NAPLES, FL 34116

Title: P ( ) Delete
Name: SNYDER, JEFF
Address: 8263 IBIS COVE CIR
City-St-Zip: NAPLES, FL 34116

Title: V ( ) Delete
Name: AHERN, BARRY
Address: 8167 IBIS COVE CIR
City-St-Zip: NAPLES, FL 34119

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MURPHY, SHARON
Address: 8120 LOGAN WAY
City-St-Zip: NAPLES, FL 34119

Title: P (X) Change ( ) Addition
Name: RUPLE, THOMAS M
Address: 8120 LOGAN WAY
City-St-Zip: NAPLES, FL 34119

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: MENNA, ROXANE
Address: 8120 LOGAN WAY
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS RUPLE PRES 03/20/2009

Electronic Signature of Signing Officer or Director — Date