2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # NO1400



FILED Apr 11, 2003 8:00 am Secretary of State

1. Entity Name							04-11-2003 90113 001 ****61.25			
•	IBEL PLACE ASSOCIATIO	N, INC.					04-11-2003 901	13 001 ****0.	1.23	
Principal Plac 743 MARTHAS SANIBEL FL 3: US		743 M	ng Address ARTHAS LANE EL FL 33957							
2. Principal F	Place of Business	3. Ma	3. Mailing Address							
Suite, Apt.	#, etc.	Si	Suite, Apt. #, etc.				CHECK HERE IF MAI	KING CHANGES		
City & Stat	e	C	City & State			4. FEI Number 3	3-8303126	⊢	pplied For ot Applicable	
Zip Country		Zi	Zip		untry	5. Certificate of S	itatus Desired	\$8.75 Add	ditional	
	- 6. Name and Address of Cui	rrent Register	ed Agent		مرمان سندم	ر المالية	dress of New Registe	red Agent 🍙 🚊		
•					Name					
	/s, christine p Ithas lane				Street Add	ress (P.O. Box Number is	Not Acceptable)			
	FL 33957		٠				_			
					City			FL Zip Cod	e	
					_					
	e named entity submits this statemetions of registered agent.	ent for the purp	oose of changing its	register	ea onice or re	gistered agent, or both, ii	Title State of Florida. T	att familiai with,	апи ассері	
	C.								}	
SIGNATURE	Signature, typed or printed name of registered	agent and title if ap	plicable. (NOTE	: Registere	nd Agent signature i	required when reinstating)	D.	ATE		
			<u> </u>							
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
						· · · · · ·				
10.	OFFICERS AN	D DIRECTORS		11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANG	SES TO OFFICERS AN			
TITLE	PD		☐ Delete	TITL	t t			Change	Addition	
NAME STREET ADDRESS	ANDREWS, CHRISTINE P 743 MARTHAS LANE			NAM STRI	EET ADORESS				{	
CITY-ST-ZIP	SANIBEL FL 33957				-ST-ZIP					
TITLE	VSD		☐ Delete	TITL	E		.,	Change	Addition	
NAME	ANDREWS, PAUL D		_ 55:00	NAM	IE				ſ	
STREET ADDRESS	743 MARTHAS LANE				EET ADDRESS					
CITY-ST-ZIP	SANIBEL-FL-33957			, CITY	-ST-ZIP	any seem to the seems of the		SECTION AND THE		
TITLE	TD D		☐ Delete	TITL				Change	☐ Addition {	
NAME	BLACK, JOAN			NAM						
STREET ADDRESS CITY-ST-ZIP	747 MARTHAS LANE SANIBEL FL 33957				EET ADDRESS '-ST-ZIP					
TITLE	SAMBEL FL 33337		☐ Delete	TITL				Change	Addition	
NAME			- Detel	NAM						
STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP				CITY	'-ST-ZIP			<u></u>		
TITLE	-		☐ Delete	TITL	E	•		☐ Change	Addition	
NAME				NAM					ļ	
STREET ADDRESS					EET ADDRESS				}	
CITY-ST-ZIP		-		-1	'-ST-ZIP			<u> </u>		
TITLE			☐ Delete	TITL	I			Change	☐ Addition	
NAME STREET ADDRESS				NAM STRI	EET ADDRESS					
	i .			0.70						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SOLDENURED

4/5/2003

239-472-3154