FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:09

DOCUMENT # N01594 (3)

1. Corporation Name

IBIS POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1274 NE BUSINESS PARK PL P O BOX 65 JENSEN BEACH FL 34957 US	PO BOX 65 P O BOX 65 JENSEN BEACH FL 34958 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1984
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2495509 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

FORTE, LORRAINE
C/O ADVANTAGE PROPERTY MGT, INC
850 NE POP TILTONS PL
JENSEN BEACH 34957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	RD	1.1 TITLE	WELSH, JAMES PD	☒ Change ☐ Addition
NAME	LEIER, LEONARD	1.2 NAME		
STREET ADDRESS	2559 SW BOBALINK COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHREYS, KENNETH	2.2 NAME		
STREET ADDRESS	3292 SW BOBALINK WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	DORGAN, JOHN .	3.2 NAME		
STREET ADDRESS	2544 SW BOBALINK CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	SECRETARY/DIRECTOR	☐ Change ☒ Addition
NAME	DORGAN, JOHN	4.2 NAME		
STREET ADDRESS	2554 SW BOBALINK CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	VP, D WINTERBAUER JERRY	☒ Change ☐ Addition
NAME	LEIER, LEONARD	5.2 NAME		
STREET ADDRESS	2559 SW BOBOLINK CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/9/95 407-334-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #