FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N01594

(3)

IBIS POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address										
1274 NE BUSINESS PARK PL P O BOX 65 JENSEN BEACH FL 34957		PO BOX 65 P O BOX 65								
US	on rt. 3435/	JENSEN BEACH FL 34958 US			3. Da	ite Incorporated or Qualifi 02/22/1984		3a. Date of Last Report 02/16/1995		
2. Principal Pla	ace of Business		iling Address			4. FE	Number	•		pplied For
21		26					59-2495509			lot Applicable
Suite, Apt. :		27	te, Apt. #, etc.			5. Ce	ertificate of Status Desired		•	Additional Required
City & State		28	/ & State			1	ection Campaign Financin ust Fund Contribution	9 🗆		May Be to Fees
Zip	Country	Zip		Cour	itry		is corporation has liability			199.032,
24	9. Name and Address of Current	29 Registere	d Agent	30			orida Statutes ame and Address of Ne	Yes ☐ ! Will Recipies and Au		
	o, maino una stadiodo di camena		B1 Name							
FORTE	LORRAINE				00 01	A = 1 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	Day Number to Not Asses	atable)		
C/O ADVANTAGE PROPERTY MGT, INC					62 Street	Address (P.O. Box Number is Not Acceptable)				
~ 850 NE POP TILTONS PL			83 10 21			11/ 1.0	NE BYSINESS PARK PL			
JENSEN	BEACH 34957			-	B4 City	Y NE	1343/2853	PARK PC	85 Zip	Code
					J., O.,			<u>FL</u>	05 2.4	OOGO
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617, 503, Florida Statutes.										
SIGNATURE Signature made of printed rame of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE A 10/194 DATE										
12.	OFFICERS AND	DIRECTOR	ns .	13.		AD	DITIONS/CHANGES TO			RS IN 12
TITLE	PD		DELETE	1.1 117] Change	Addition
NAMÉ	WELSH, JAMES			1.2 NA						
STREET ADDRESS	2559 SW BOBALINK COURT				REET ADDRESS					
CITY-ST-ZIP TITLE	PALM CITY FL D		DELETE	1.4 CIT 2 1 TIT	Y-SI-ZIP	<u> </u>			Change	Addition
NAME	HUMPHREYS, KENNETH			2 2 NA				•) Orizingo	
STREET ADDRESS	3292 SW BOBALINK WAY			1	REET ADDRESS					
CITY-ST-ZIP	PALM CITY FL				Y-ST-ZIP					
TITLE	TD		DELETE	3 1 TIT		STO	•	5	Change	Addition
NAME	DORGAN, JOHN .			3 2 NA	ME			•		
STREET ADDRESS	2544 SW BOBALINK CIRCLE			3 3 STF	EET ADDRESS	1				
CITY+\$1-ZIP	PALM CITY FL				Y-ST-ZIP		···			
TITLE	SD		DELETE	4.1 TIT	-	D] Change	Addition
NAME	DORGAN, JOHN			4. 2 NA		SHEHH	N, HAROLD	ule WAS	,	
STREET ADDRESS	2554 SW BOBALINK CIRCLE				IEET ADDRESS		SW BOBACI	al cod	•	
CITY-ST-ZIP THILE	PALM CITY FL VPD		DELETE	4.4 CIT 5.1 TITI	Y-ST-ZIP	PALM	CITY FL	34990	Change	Addition
NAME	WINTERBAUER, JERRY			5.2 NA				<u> </u>	1 change	C Addition
STREET ADORESS	2559 SW BOBOLINK CT				NEET ADDRESS					
CITY-ST-ZIP	PALM CITY FL				Y-ST-ZIP					İ
TILE	Transferre		DELETE	61717	····				Change	Addition
NAME				6.2 NA	ME				-	
STREET ADDRESS				6351	IEET ADDRESS					
CITY - \$T - ZIP				6.4 C/T	Y-ST-ZIP	L				
14. Ldo hereb	y certify that the information supplied w	ith this filing	is voluntarily furnis	shed and c	loes not que	alify for the exer	mption stated in Section	119.07(3)(k), Flori	da Statute	s. 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 strector 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

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-15-96

266-1444 Daytime Phone