FILE NOW: FILING FEE IS $61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 34958-0065 US

3. Date Incorporated or Qualified: 02/22/1984
3a. Date of Last Report: 02/21/1996

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)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORTE, LORRAINE
C/O ADVANTAGE PROPERTY MGT, INC
1274 NE BUSINESS PARK PLACE
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 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WELSH, JAMES		1.2 NAME		
STREET ADDRESS	2559 SW BOBALINK COURT		1.3 STREET ADDRESS	3392 S.W. BOBACINK WAY	
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HUMPHREYS, KENNETH		2.2 NAME	ODEN, HERBERT	
STREET ADDRESS	3292 SW BOBALINK WAY		2.3 STREET ADDRESS	3382 S.W. BOBACINK WAY	
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☐ Change ☒ Addition
NAME	DORGAN, JOHN .		3.2 NAME	GROVER, HAROLD	
STREET ADDRESS	2544 SW BOBALINK CIRCLE		3.3 STREET ADDRESS	2309 SW BOBACINK CT.	
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHEHAN, HAROLD		4.2 NAME		
STREET ADDRESS	3522 SW BOBACINK WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WINTERBAUER, JERRY		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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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.

_____ 4-14-97