520

FILE NOW: FILING FEE IS $61.25

FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

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

3. Date Incorporated or Qualified: 02/22/1984
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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WELSH, JAMES	
STREET ADDRESS	3392 SW BOALINK WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	☒ DELETE
NAME	ODEN, HERBERT	
STREET ADDRESS	33825 W BOBALINK WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	STD	☐ DELETE
NAME	GROOER, HAROLD	
STREET ADDRESS	2309 SW BOBALINK CT	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	☐ DELETE
NAME	SHEHAN, HAROLD	
STREET ADDRESS	3522 SW BOBACINK WAY	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VPD	☒ DELETE
NAME	WINTERBAUER, JERRY	
STREET ADDRESS	2559 SW BOBOLINK CT	
CITY-ST-ZIP	PALM CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3392 SW BOBALINK WAY	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	HOLE, WILLIAM	
2.3 STREET ADDRESS	3372 SW BOBALINK WAY	
2.4 CITY-ST-ZIP	PALM CITY FL 34990	
3.1 TITLE	VPD	☒ Change ☐ Addition
3.2 NAME	GROVER, HAROLD	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TD	☐ Change ☒ Addition
5.2 NAME	DOWNING, RAYMOND	
5.3 STREET ADDRESS	2513 SW BOBALINK C.	
5.4 CITY-ST-ZIP	PALM CITY FL 34990	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Raymond E. Downing 2/6/98
SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #