


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91237 049 ****70.00

DOCUMENT # N39277

1. Entity Name
IBIS LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
300 AVE. OF THE CHAMPIONS **300 AVE. OF THE CHAMPIONS**
STE 120 **STE 120**
PALM BEACH GARDENS, FL 33418 **PALM BEACH GARDENS, FL 33418**

24067052



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03162004 Chg-NP CR2E037 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0211429 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUEEN, SUSAN
300 AVE. OF THE CHAMPIONS
STE 120
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CROWDER, WAYNE	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILSAPS, KENNETH	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	JACOBERLLIS, BENEDICT	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arnold Lewis	
STREET ADDRESS	300 Ave of Champions	
CITY-ST-ZIP	PBE, FL. 33415	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Serrano	
STREET ADDRESS	300 Ave of Champions	
CITY-ST-ZIP	PBE, FL 33415	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joel Braverman	
STREET ADDRESS	300 Ave of Champions	
CITY-ST-ZIP	PBE, FL. 33415	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Colpito	
STREET ADDRESS	300 Ave of Champions	
CITY-ST-ZIP	PBE FL. 33415	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Eisenber	
STREET ADDRESS	300 Ave of Champions	
CITY-ST-ZIP	PBE, FL. 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Kurt H. Milligan* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR