


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N39277
 1. Entity Name
IBIS LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
ASSOCIATED PROPERTY MANAGEMENT **ASSOCIATED PROPERTY MANAGEMENT**
1928 LAKE WORTH RD **1928 LAKE WORTH RD**
LAKE WORTH FL 33461 **LAKE WORTH FL 33461**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



1st MOORE CR2E037 (10/05)
 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
ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH FL 33461

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 translating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	MILSAPS, KENNETH	
STREET ADDRESS	8973 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EISENBERG, SUSAN	
STREET ADDRESS	8884 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, ARNOLD	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCIANNA, LOUIS	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAVERMAN, JOEL	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLPITTO, ROBERT	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000501184
 04/25/06-80052-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Kenneth E. Millsaps* Kenneth E. Millsaps 4-3-06 321-776-97