


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90162 044 ****61.25

DOCUMENT # N39277					
1. Entity Name IBIS LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			Mailing Address ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0211429	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILSAPS, KENNETH		NAME	COLPETTS, ROBERT	
STREET ADDRESS	8973 LAKES BLVD		STREET ADDRESS	8863 LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISENBERG, SUSAN		NAME	MAYER, ROBERT	
STREET ADDRESS	8884 LAKES BLVD		STREET ADDRESS	8899 LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, ARNOLD		NAME	JONES, CLAIRE	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS		STREET ADDRESS	8804 LAKES BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCIANNA, LOUIS		NAME	BURNSIDE, JEFFREY	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS		STREET ADDRESS	P.O. BOX 31986	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	P.B. GARDENS, FL 33420	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAVERMAN, JOEL		NAME	THANEY, SHERRY	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS		STREET ADDRESS	8814 LAKES BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLPITTO, ROBERT		NAME	LEWIS, ARNOLD	
STREET ADDRESS	300 AVE. OF THE CHAMPIONS		STREET ADDRESS	8844 LAKES BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Robert B Colpitts pres. Robert B Colpitts 4-7-07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					