


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90054 016 \*\*\*\*61.25

**DOCUMENT # N97000002161**

1. Entity Name  
**IBIS ISLE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**275 TONEY PENNA DR.  
 #7  
 JUPITER, FL 33458 US**

Mailing Address  
**275 TONEY PENNA DR.  
 #7  
 JUPITER, FL 33458 US**

40061311

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

03222007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0752912** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THE SUNRISE COMPANIES  
 275 TONEY PENNA DRIVE #7  
 JUPITER, FL 33458**

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, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>D MARKS, MARVIN 8994 LAKES BLVD. WEST PALM BEACH, FL 33412</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T LIBERMAN, JERRY 9048 LAKES BLVD. WEST PALM BEACH, FL 33412</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SMITH, SHELLY 9020 LAKES BLVD WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P KUCMIEROWSKI, VINCENT 9012 LAKES BLVD. WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S FRIESS, NEIL 9006 LAKES BLVD WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP CARPENTER, RICHARD 8986 LAEKS BLVD WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T DUNERSKY, MICKI 9068 LAKES BLVD. WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>J JACOBSON, MARLA 9054 LAKES BLVD. WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROSENBERG, BOB 9036 LAKES BLVD. WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8986 LAKES BLVD.</b>

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:**  **VINCENT KUCMIEROWSKI** **4/6/07** **1-54-601-0550**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #