## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001616

Entity Name: SANDHILL TRACE AT IBIS HOMEOWNERS ASSOCIATION, INC.

FILED Feb 04, 2020 Secretary of State 2678475314CC

## **Current Principal Place of Business:**

11784 WEST SAMPLE ROAD

SUITE 103

CORAL SPRINGS, FL 33065

## **Current Mailing Address:**

11784 WEST SAMPLE ROAD SUITE 103

CORAL SPRINGS, FL 33065 US

FEI Number: 65-0652753 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

UNITED COMMUNITY MANAGEMENT CORP 11784 WEST SAMPLE ROAD SUITE 103

CORAL SPRINGS, FL 33065 US

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.

SIGNATURE: RENEE CAMPBELL 02/04/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name BRENNER, SUSAN DR. Name COOK, WILLIAM

Address C/O UNITED COMMUNITY Address C/O UNITED COMMUNITY

MANAGEMENT CORP.

11784 WEST SAMPLE ROAD 103

MANAGEMENT CORP.

11784 WEST SAMPLE ROAD 103

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title VP Title DIRECTOR

Name BEMPORAD, RICHARD Name SCHWARTZ, STUART

Address C/O UNITED COMMUNITY Address C/O UNITED COMMUNITY

MANAGEMENT CORP. MANAGEMENT CORP.

11784 WEST SAMPLE ROAD 103 11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title SECRETARY Title DIRECTOR

Name BENARIO, PETER Name STEPNES, SALLY

Address C/O UNITED COMMUNITY Address C/O UNITED COMMUNIT

C/O UNITED COMMUNITY Address C/O UNITED COMMUNITY MANAGEMENT CORP. Address C/O UNITED COMMUNITY MANAGEMENT CORP.

11784 WEST SAMPLE ROAD 103 11784 WEST SAMPLE ROAD 103

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER
Name VOLUCK, MARC

Address C/O UNITED COMMUNITY

MANAGEMENT CORP.

11784 WEST SAMPLE ROAD 103

City-State-Zip: CORAL SPRINGS FL 33065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VOLUCK, MARC TREASURER 02/04/2020