

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N96000001616

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

FILED
Oct 17, 2016
Secretary of State
CC3779778540

Current Principal Place of Business:

C/O UNITED COMMUNITY MANAGEMENT CORP.
11784 WEST SAMPLE ROAD 103
CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O UNITED COMMUNITY MANAGEMENT CORP.
11784 WEST SAMPLE ROAD 103
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0652753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COPPLE SACHS COPPLE+
11780 US HWY ONE
SUITE 105
PALM BEACH GARDENS, FL 33408 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: RYAN COPPLE

10/17/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KNAPP, ELAINE DR.
Address C/O UNITED COMMUNITY
MANAGEMENT CORP.
11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065

Title PRESIDENT
Name GINGOLD, JOYCE
Address C/O UNITED COMMUNITY
MANAGEMENT CORP.
11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065

Title D
Name BRENNER, SUSAN DR.
Address C/O UNITED COMMUNITY
MANAGEMENT CORP.
11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065

Title VP
Name KIRSCH, MICHAEL
Address C/O UNITED COMMUNITY
MANAGEMENT CORP.
11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name LEVY, BRITA
Address C/O UNITED COMMUNITY
MANAGEMENT CORP.
11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER, SECRETARY
Name TRIMBOLI, IDA
Address C/O UNITED COMMUNITY
MANAGEMENT CORP.
11784 WEST SAMPLE ROAD 103
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR
Name COOK, WILLIAM
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: JOYCE GINGOLD

P

10/17/2016

