2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N96000001616

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

FILED Jun 09, 2025 Secretary of State 4264280587CC

Current Principal Place of Business:

C/O CN ENTERPRISES INC.

PO BOX 880216

PORT ST. LUCIE, FL 33988

Current Mailing Address:

C/O CN ENTERPRISES INC.

PO BOX 880216

PORT ST. LUCIE, FL 33988 US

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

Name and Address of Current Registered Agent:

FIELDS & BACHOVE, PLLC 4440 PGA BOULEVARD SUITE 308

City-State-Zip:

PALM BEACH GARDENS, FL 33410 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: EVAN R. BACHOVE, ESQ. 06/09/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name BEMPORAD, RICK Name VOLUCK, MARC

C/O CN ENTERPRISES INC. C/O CN ENTERPRISES INC. Address Address

> PO BOX 880216 PO BOX 880216

PORT ST. LUCIE FL 33988 City-State-Zip: PORT ST. LUCIE FL 33988

Title **SECRETARY** Title **DIRECTOR**

Name BROWN, MARTIN Name ROKUSON, JAMES

Address C/O CN ENTERPRISES INC. Address C/O CN ENTERPRISES INC.

PO BOX 880216 PO BOX 880216

City-State-Zip: City-State-Zip: PORT ST. LUCIE FL 33988 PORT ST. LUCIE FL 33988

Title DIRECTOR Title DIRECTOR

GINGOLD, JOYCE Name Name COOK, WILLIAM

C/O CN ENTERPRISES INC. C/O CN ENTERPRISES INC. Address Address

PO BOX 880216 PO BOX 880216

City-State-Zip: PORT ST. LUCIE FL 33988 City-State-Zip: PORT ST. LUCIE FL 33988

Title DIRECTOR

Name BRENNER, SUSAN

Address C/O CN ENTERPRISES INC.

PO BOX 880216

PORT ST. LUCIE FL 33988 City-State-Zip:

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.

06/09/2025 SIGNATURE: RICK BEMPORAD **PRESIDENT**