2007 NOT-FOR-PROFIT CORPORATION

Mar 27, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT #755934** 03-27-2007 90008 025 ****61.25 WHITE IBIS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40048644 100 SULLIVAN ST., #112 3224 WHITE IBIS COURT **STE B-13** PUNTA GORDA, FL 33950 US PUNTA GORDA, FL 33950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2146208 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOAN F GREENE 100 SULLIVAN ST., #112 Street Address (P.O. Box Number is Not Acceptable) PUNTA GORDA, FL 33950 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITLE ☐ Delete TITLE Addition GUGLIOZZO, ANTHONY NAME NAME ATARES Dr 4 /11 1608 1608 AZARES DR #111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition DALONE, ART NAME NAME 3230 WHITE IBIS C7 A12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP VPD TITLE M Delete TITLE ☐ Change **Y** Addition ROBERT ALLEN, ROSE NAME NAME 1618 CT A B WHITE 3230 EHITE IBIS C7 #A13 STREET ADDRESS STREET ADDRESS 3230 CITY-ST-ZIP PUNTA GORDA, FL 33950 CITY-ST-ZIP 33950 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 it changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADORESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

☐ Change

Addition

FILED