2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90978 012 ****61.25

DOCUMENT # N00000002223

1. Entity Name
IBIS COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5514 PARK BLVD. PINELLAS PARK, FL 33781	5514 PARK BLVD. PINELLAS PARK, FL 33781

01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
8801 COMMODORE DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE, FL	City & State
Zip: 33776 Country: US	Zip Country

4. FEI Number 59-3705550 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENGLANDER, LEONARD S 721 1ST AVE NORTH ST PETERSBURG, FL 33701	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TAPPAN, CARLEEN R 11185 9TH STREET EAST TREASURE ISLAND, FL 33706	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-DIRECTOR DAVID THOMAS 8801 COMMODORE DR. SEMINOLE, FL 33776	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BRODERICK, ROGER B 5514-PARK BLVD PINELLAS PARK, FL 33781	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREAS-DIRECTOR ANITA VIGUE 8855 COMMODORE DR SEMINOLE, FL 33776	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRODERICK, TONIA M 5514 PARK BLVD PINELLAS PARK, FL 33781	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES, DIR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ President Tonia M. Broderick 4/29/05 727-544-1403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #