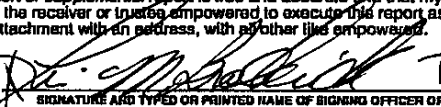


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 5514 PARK BLVD. PINELLAS PARK, FL 33781			Mailing Address 5514 PARK BLVD. PINELLAS PARK, FL 33781		
2. Principal Place of Business 8802 COMMODORE DR		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SEMINOLE FL		City & State		4. FEI Number 59-3705550	
Zip 33776		Country US		Zip Country	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ENGLANDER, LEONARD S. 721 1ST AVE NORTH ST PETERSBURG, FL 33701			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 33708	☒ 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)(f), 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 another 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 #		