

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005129

1. Entity Name

SAND CAY AT IBIS HOMEOWNERS ASSOCIATION, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90163 014 ****61.25

Principal Place of Business
9055 IBIS BLVD.
WEST PALM BEACH FL 33412

Mailing Address
9055 IBIS BLVD.
WEST PALM BEACH FL 33412

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1114544
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name The Sunrise Companies

Street Address (P.O. Box Number is Not Acceptable)

275 Toney Penna Drive

#7

City Jupiter

FL

Zip Code 33458

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

CRAIG B. KUNKLE

(NOTE: Registered Agent signature required when reinstating)

4-29-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KITSON, SYDNEY W
STREET ADDRESS 9055 IBIS BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Delete

TITLE VPD
NAME WILSON, CLIFFORD G
STREET ADDRESS 9055 IBIS BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Delete

TITLE SD
NAME ERDMAN, PATRICIA A
STREET ADDRESS 9055 IBIS BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Delete

TITLE TD
NAME SPEER, GEORGE G
STREET ADDRESS 9055 IBIS BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33412 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CLIFFORD G. WILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

561-575-7792

Daytime Phone #

CR2E037 (9/01)