


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90040 012 ****61.25

DOCUMENT # N00000005129		
1. Entity Name SAND CAY AT IBIS HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 275 TONEY PENNA DRIVE # 7 JUPITER, FL 33458	Mailing Address 275 TONEY PENNA DRIVE # 7 JUPITER, FL 33458
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40040833



2. Principal Place of Business - No P.O. Box # 1165 E. BLUE HERON BVD STE K	3. Mailing Address 1165 E BLUE HERON BVD STE K
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State RIVIERA BEACH, FLORIDA	City & State RIVIERA BEACH, FLORIDA
Zip 33404	Country
Zip 33404	Country

4. FEI Number 65-1114544	Applied For Not Applicable
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6. Name and Address of Current Registered Agent	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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THE SUNRISE COMPANIES 275 TONEY PENNA DR # 7 JUPITER, FL 33458	
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7. Name and Address of New Registered Agent	
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Name FLORIDA 1ST ASSOCIATION MANAGEMENT	
Street Address (P.O. Box Number is Not Acceptable) 1165 EAST BLUE HERON BVD SUITE K	
City RIVIERA BEACH	Zip Code 33404

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 <i>Lawrence Kushins</i> Signature, typed or printed name of registered agent and title if applicable	DATE 2-21-08 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAIRER, WILLIAM 10184 SAND CAY LN WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISS, SANDY 10124 SAND CAY LN WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KUSHINS, LAWRENCE 10305 SAND CAY LN WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURETSLEY, HOWARD 10315 SAND CAY LN WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>William Mairer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/28/08 Daytime Phone #