2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005129

Apr 25, 2011 Secretary of State

Entity Name: SAND CAY AT IBIS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8895 N. MILITARY TRAIL 2328 S CONGRESS AVE

SUITE 203D SUITE 1C

PALM BEACH GARDENS, FL 33410 WEST PALM BEACH, FL 33406

Current Mailing Address: New Mailing Address:

2328 S CONGRESS AVE 8895 N. MILITARY TRAIL

SUITE 203D SUITE 1C

PALM BEACH GARDENS, FL 33410 WEST PALM BEACH, FL 33406

FEI Number: 65-1114544 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLORIDA 1ST ASSOCIATION MANAGEMENT DICKER, KRIVOK & STOLOFF

8895 N. MILITARY TRAIL 1815 AUSTRLIAN AVE

SUTIE 203D PALM BEACH GARDENS, FL 33409 US PALM BEACH GARDENS, FL 33410 US

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: DICKER KRIVOK & STOLOFF 04/25/2011

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

KUSHINS, LAWRENCE Name: Address: 10302 SAND CAY LANE City-St-Zip: WEST PALM BEACH, FL 33412

Title:

Name: HAWKINS, MELINDA Address: 10174 SAND CAY LANE

City-St-Zip: WEST PALM BEACH, FL 33412

Title:

DAY, DONALD Name: Address: 10125 SAND CAY LANE

City-St-Zip: WEST PALM BEACH, FL 33412

Title:

Name: HUFFSTUTTER, SHARON Address: 10154 SAND CAY LANE City-St-Zip: WEST PALM BEACH, FL 33412

Title:

WELCH, ANITA Name: 10155 SAND CAY LANE Address: WEST PALM BEACH, FL 33412 City-St-Zip:

Title:

SOIFER, NANCY Name: Address: 360 E 72ND LANE NEW YORK, NY 10021 City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE KUSHINS PD 04/25/2011