
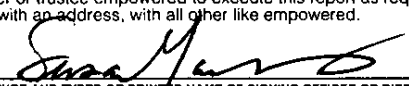


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90041 009 \*\*\*\*61.25

|  |   |         |  |  |                                    |  |
|--|---|---------|--|--|------------------------------------|--|
| <b>DOCUMENT # N00000008484</b><br>1. Entity Name<br><b>CRANE'S POINTE AT IBIS HOMEOWNERS ASSOCIATION, INC.</b>   |   |         |  |   |                                    |  |
| Principal Place of Business<br><b>275 TONEY PENNA DRIVE #7 JUPITER, FL 33458</b>   |   |         | Mailing Address<br><b>275 TONEY PENNA DRIVE 7 JUPITER, FL 33458</b>              |  |                                    |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |                                    |  |
| City & State   |   |         | City & State   |  |                                    |  |
| Zip  |   | Country |  | 4. FEI Number<br><b>65-1154220</b>   |                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |         |  | Applied For<br><input type="checkbox"/> Not Applicable   |                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>THE SUNRISE COMPANIES<br/>275 TONEY PENNA DRIVE #7 JUPITER, FL 33458</b>   |   |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |                                    |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |                                    |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |   |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b> |  |
| <b>Make check payable to Florida Department of State</b>   |   |         | 10. OFFICERS AND DIRECTORS   |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>GANS, SUSAN<br>8049 CRANE'S POINTE WAY<br>WEST PALM BEACH, FL 33412        |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>FINE, PAUL<br>8057 CRANE'S POINTE WAY<br>WEST PALM BEACH, FL 33412        |         | VP<br>MOST, MICHAEL<br>8052 CRANE'S POINTE WAY<br>WEST PALM BEACH, FL 33412      |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>BORINSKY, ARNOLD<br>7953 CRANE'S POINTE WAY<br>WEST PALM BEACH, FL 33412   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>APATOFF, IRA<br>7932 CRANE'S POINTE WAY<br>WEST PALM BEACH, FL 33412       |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WEINGARDEN, GERALD<br>3033 CRANE'S POINTE WAY<br>WEST PALM BEACH, FL 33412 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  |                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   |  |                                    |  |
| 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. |   |         |  |  |                                    |  |
| <b>SIGNATURE:</b>  <b>SUSAN GANS</b> <b>4/9/07</b> <b>561-691-0663</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |         |  |  |                                    |  |