


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90034 019 ****61.25

DOCUMENT # N00000008484

1. Entity Name
CRANE'S POINTE 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

2. Principal Place of Business - No P.O. Box #
1061 E. Indiantown Road - Suite 410 Jupiter, FL

3. Mailing Address
1061 E. Indiantown Road - Suite 410 Jupiter, FL

Zip **33477** Country **USA** Zip **33477** Country **USA**

40055686



02062008 Chg-NP CR2E037 (12/06)

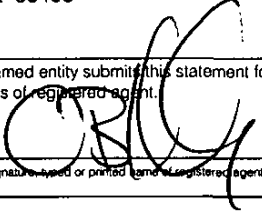
4. FEI Number **65-1154220** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**THE SUNRISE COMPANIES
 275 TONEY PENNA DRIVE #7
 JUPITER, FL 33458**

7. Name and Address of New Registered Agent
 Name **THE SUNRISE COMPANIES**
 Street Address (P.O. Box Number is Not Acceptable) **1061 E. INDIANTOWN ROAD - SUITE 410**
 City **JUPITER** FL Zip Code **33477**

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)

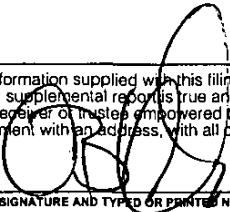
Filing Fee is **\$61.25** Due by **May 1, 2008**

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 P GANS, SUSAN STREET ADDRESS 8049 CRANE'S POINTE WAY CITY-ST-ZIP 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 VP MOST, MICHAEL STREET ADDRESS 8052 CRANE'S POINTE WAY CITY-ST-ZIP 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 S BORINSKY, ARNOLD STREET ADDRESS 7953 CRANE'S POINTE WAY CITY-ST-ZIP 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 T APATOFF, IRA STREET ADDRESS 7932 CRANE'S POINTE WAY CITY-ST-ZIP 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 D WEINGARDEN, GERALD STREET ADDRESS 3033 CRANE'S POINTE WAY CITY-ST-ZIP WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 8033 CRANE'S POINTE WAY	<input checked="" 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 trustee 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:  Date **3/17/08** Daytime Phone # **861-575-7792**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR