

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90073 039 \*\*\*\*61.25

**DOCUMENT # N01000005606**

1. Entity Name

**BAY POINTE AT IBIS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

9055 IBIS BLVD  
WEST PALM BEACH FL 33412

Mailing Address

C/O BRISTOL MANAGEMENT  
1930 COMMERCE CN PL  
JUPITER FL 33458

**50018162**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

*8002 Sandhill Way East*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*WEST PALM BEACH FL*

City & State

Zip

*33412*

Country

*USA*

Zip

Country

4. FEI Number

**35-2208611**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ERDMAN, PATRICIA A  
8002 SANDHILL WAY EAST  
WEST PALM BEACH FL 33412**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

*Patricia A Erdman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/15/05*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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

TITLE **DP** ☐ Delete  
NAME **TYRRELL, STUART**  
STREET ADDRESS **8225 IBIS BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **DV** ☐ Delete  
NAME **ERDMAN, PATRICIA A**  
STREET ADDRESS **8002 SANDHILL WAY EAST**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **DT** ☐ Delete  
NAME **VANDERMAY, WILLIAM**  
STREET ADDRESS **8225 IBIS BLVD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **DS** ☐ Delete  
NAME **CURRAN, NANCY**  
STREET ADDRESS **8002 SANDHILL WAY EAST**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

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  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia A Erdman*

**PATRICIA A. ERDMAN**

*2/15/05 801-630-2828*

Date

Daytime Phone #