

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90053 050 ****61.25

DOCUMENT # N01000007498													
1. Entity Name ORCHID HAMMOCK AT IBIS GOLF AND COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.													
Principal Place of Business 210 Bristol Management Services Inc 1930 Commerce Lane #1 Jupiter FL 33458		Registered Address Bristol Management Services Inc 1930 Commerce Lane #1 Jupiter FL 33458											
Suite, Apt. #, etc.		Suite, Apt. #, etc.		40068225									
City & State		City & State		01072008 Chg-NP CR2E037 (12/06)									
Zip		Country		4. FEI Number 65-1147941									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent Bristol Management Services Inc 1930 Commerce Lane #1 Jupiter FL 33458			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name <i>Steve Inglis</i></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable) <i>Bristol Management</i></td> </tr> <tr> <td colspan="2" style="padding: 5px;">City <i>Jupiter FL</i></td> </tr> <tr> <td style="padding: 5px;">City <i>FL</i></td> <td style="padding: 5px;">Zip Code <i>33458</i></td> </tr> </table>			Name <i>Steve Inglis</i>		Street Address (P.O. Box Number is Not Acceptable) <i>Bristol Management</i>		City <i>Jupiter FL</i>		City <i>FL</i>	Zip Code <i>33458</i>
Name <i>Steve Inglis</i>													
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City <i>Jupiter FL</i>													
City <i>FL</i>	Zip Code <i>33458</i>												
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> <i>Steve Inglis</i> <i>Steve Inglis</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE <i>1/30/08</i> </div> </div>													
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									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELOY (ARYN) <input type="checkbox"/> Delete 7576 ORCHID HAMMOCK DR 6C WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DELROY ANGLIN, D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7576 ORCHID HAMMOCK #2C WPB, FL 33412										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOBBS, BOB <input type="checkbox"/> Delete 7503 ORCHID HAMMOCK DR 6C WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ROBERT DUBBS, D.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7503 ORCHID HAMMOCK #6C WPB, FL 33412										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LECKER <input type="checkbox"/> Delete LOCKER, STEVE 7571 ORCHID HAMMOCK DR 2A WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STEVE LECKER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7571 ORCHID HAMMOCK #5A WPB, FL 33412										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete CREID, ED 7510 ORCHID HAMMOCK DR WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ED REID, SD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7510 ORCHID HAMMOCK #7 WPB, FL 33412										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOCK, VINCE 7567 ORCHID HAMMOCK DR 2-C WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VINCENT HOCK</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7567 ORCHID HAMMOCK #2C WPB, FL 33412										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete PORTNER, SAUL 7558 ORCHID HAMMOCK DR WEST PALM BEACH, FL 33412	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MATT BENNETT PRES.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7515 ORCHID HAMMOCK #6D WPB, FL 33412										
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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>1/30/08</i> <small>Date</small>		776-3996 <small>Daytime Phone #</small>									