2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMEN I # N01000007498 1. Entity Name ORCHID HAMMOCK AT IBIS GOLF AND COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.				04-14-2008 90053 050 ****61.25	
Principal Plac	e of Business	Address		7	
Bristol Management Servies Inc		Bristol Management Servies Inc		40068225	
1930 Commerce Lane #1		1930 Commerce Lane #1		RENNER AND CENER FIAM CENIX ACUIT CONTROL	ı
- Jupiter	<u>FL 33458</u>	Jupiter FL 33458	3		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number Applied Fo 65-1147941 Not Applic	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
Bristol i	Management Servies Inc		Name	Tere Inglis	
1930 Commerce Lane #1			Street Andress	1.P. & Bax Number is Not Accomplete) ANAGE Me	-
	FL 33458		19	30 COMMERCE CAT	5/
		* :	City	Supiter FL FL Zip Code 45	1
	named entity submits this statement to tions of registered agent.		egistered office or registe Live Communication of the seguitered Agent signature require	nglis Steve Inglis	cept
				7/30/07	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees Florida Department of State	
10.	Due by May 1, 2008 OFFICERS AND DIF	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	Due by May 1, 2008 OFFICERS AND DIF	9. Election Cam Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CLROY ANGLIN D Denange Add 76 Orchid Hammock #28	dition
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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 his 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: