

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005949

FILED
Apr 21, 2009
Secretary of State

Entity Name: ISLA VISTA AT IBIS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 33-1073307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM
C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALOPPO, JIM
Address: 10675 HOLLOW BAY TERRACE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: V () Delete
Name: JACOBELLIS, BEN
Address: 10597 HOLLOW BAY TERRACE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: S () Delete
Name: LIEBERMAN, MEL
Address: 10687 HOLLOW BAY TERRACE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: T () Delete
Name: KAPLAN, STEVE
Address: 7011 ISLA VISTA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete
Name: BENWITT, CHUCK
Address: 10731 HOLLOW BAY TERRACE
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FENNELL, WILLIAM
Address: 10583 HOLLOW BAY TERRACE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES GALOPPO

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date