

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90021 040 ****61.25

DOCUMENT # N03000004169 1. Entity Name BENT CREEK AT IBIS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 275 TONEY PENNA RD SUITE 7 JUPITER, FL 33458		Mailing Address 275 TONEY PENNA RD SUITE 7 JUPITER, FL 33458	
2. Principal Place of Business - No P.O. Box # 1061 E. Indiantown Road Suite 410 Jupiter, FL 33477 US		3. Mailing Address 1061 E. Indiantown Road Suite 410 Jupiter, FL 33477 US	
4. FEI Number 20-4051909		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTHEWS-GRAY, JUDY 1000 CLINT MOORE RD SUITE 110 BOCA RATON, FL 33487-2847		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	PD WALSH, NANCY 1000 CLINT MOORE RD, STE 110 BOCA RATON, FL 334872847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORG, DEAN 1000 CLINT MOORE RD, STE 110 BOCA RATON, FL 334872847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTHEWS-GRAY, JUDY 1000 CLINT MOORE RD, STE 110 BOCA RATON, FL 334872847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKELSTEIN, RICHARD 1000 CLINT MOORE RD, STE 110 BOCA RATON, FL 334872847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENDELSON, KENNETH M 1000 CLINT MOORE RD, STE 110 BOCA RATON, FL 334872847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENDELSON, KENNETH M 1000 CLINT MOORE RD, STE 110 BOCA RATON, FL 334872847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENDELSON, KENNETH M 1000 CLINT MOORE RD, STE 110 BOCA RATON, FL 334872847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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:		Date 2/28/03 Daytime Phone 561-997-5760	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			