

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90101 039 ****61.25

DOCUMENT # N06000010332

1. Entity Name
IBIS COUNTRY CLUB MEMBERS, INC.



Principal Place of Business
**8057 CRANES POINTE WAY
WEST PALM BEACH, FL 33412**

Mailing Address
**8057 CRANES POINTE WAY
WEST PALM BEACH, FL 33412**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072007 Chg-NP CR2E037 (12/06)



4. FFI Number

50-5656125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLICKMAN, LARRY Z. ESQ.
301 YAMATO RD., STE. 4150
C/O SACHS SAX KLEIN
BOCA RATON, FL 33431**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FINE, PAUL R.
8057 CRANES POINTE WAY
WEST PALM BEACH, FL 33412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
AROUH, JEFF
7997 CRANES POINTE
WEST PALM BEACH, FL 33412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
HODESS, BERNARD
6096 WILDCAT RUN
WEST PALM BEACH, FL 33412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
PAUL, MICHAEL
10728 GRANDE BLVD.
WEST PALM BEACH, FL 33412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/07 561-691-5556