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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 10:58

DOCUMENT # N39275 (5)

1. Corporation Name
IBIS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401	1555 PALM BEACH LAKES BLVD. SUITE 1100 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0211424 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD III
1555 PALM BCH LAKES BLVD
STE 1100
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ECCLESTONE, E.LLWYD JR.	1.2 NAME		
STREET ADDRESS	1555 PALM BEACH LAKES BL	1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	DEITZ, WILLIAM A.	2.2 NAME		
STREET ADDRESS	1555 PALM BEACH LAKES BL	2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	ECCLESTONE, E.LLWYD III	3.2 NAME		
STREET ADDRESS	1555 PALM BEACH LAKES BL	3.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, COLIN	4.2 NAME		
STREET ADDRESS	1555 PALM BEACH LAKES BL	4.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D T	☒ Change ☐ Addition
NAME	JERMAN, RICHARD A.	5.2 NAME		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE	AS N	6.1 TITLE		☒ Change ☐ Addition
NAME	ERDMANN, PAT	6.2 NAME	ERDMAN, PATRICIA	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: _____ EVP 3/2/95 407-624-1000
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0010642