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NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 07/27/1990
3a. Date of Last Report: 03/13/1995
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
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 9055 IBIS BLVD.	26 9055 IBIS BLVD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WEST PALM BEACH FL	28 City & State: WEST PALM BEACH FL
24 Zip: 33412 25 Country: USA	29 Zip: 33412 30 Country: USA

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: PATRICIA A. ERDMAN
82 Street Address (P.O. Box Number is Not Acceptable): 9055 IBIS BLVD.
83
84 City: WEST PALM BEACH **FL** 85 Zip Code: 33412

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0505, Florida Statutes.

SIGNATURE: Patricia A Erdman PATRICIA A. ERDMAN 3/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ECCLESTONE, E.LLWYD JR.		1.2 NAME	JERMAN, RICHARD A.	
STREET ADDRESS	1555 PALM BEACH LAKES BL		1.3 STREET ADDRESS	9055 IBIS BLVD	
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP	W. PALM BEACH FL 33412	
TITLE	D	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	DEITZ, WILLIAM A.		2.2 NAME	KEBLER, IRVIN E.	
STREET ADDRESS	1555 PALM BEACH LAKES BL		2.3 STREET ADDRESS	9055 IBIS BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CITY-ST-ZIP	W. PALM BEACH FL 33412	
TITLE	VD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	ECCLESTONE, E.LLWYD III		3.2 NAME	HENSON, JEROME J.	
STREET ADDRESS	1555 PALM BEACH LAKES BL		3.3 STREET ADDRESS	9055 IBIS BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL		3.4 CITY-ST-ZIP	W. PALM BEACH FL33412	
TITLE	D	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	WRIGHT, COLIN		4.2 NAME	ERDMAN, PATRICIA A.	
STREET ADDRESS	1555 PALM BEACH LAKES BL		4.3 STREET ADDRESS	9055 IBIS BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL		4.4 CITY-ST-ZIP	W. PALM BEACH FL 33412	
TITLE	DT	☐ DELETE	5.1 TITLE	ASD	☐ Change ☒ Addition
NAME	JERMAN, RICHARD A.		5.2 NAME	WELLES, PATRICIA G.	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD		5.3 STREET ADDRESS	9055 IBIS BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	W. PALM BEACH FL 33412	
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ERDMAN, PATRICIA		6.2 NAME		
STREET ADDRESS	1555 PALM BEACH LAKES BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 on an attachment with an address.

SIGNATURE: Patricia A Erdman PATRICIA A. ERDMAN 3/8/96 407-624-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #