

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90080 041 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                    |                                                                                                                                                                                                                                       |                                                                                   |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>DOCUMENT # N39275</b><br>1. Entity Name<br>IBIS PROPERTY OWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                                    |                                                                                                                                                                                                                                       |  |                                                                      |
| Principal Place of Business<br>8002 SANDHILL WAY EAST<br>WEST PALM BEACH, FL 33412 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                                                                    | Mailing Address<br>8002 SANDHILL WAY EAST<br>WEST PALM BEACH, FL 33412 US                                                                                                                                                             |                                                                                   |                                                                      |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                                                    | 3. Mailing Address                                                                                                                                                                                                                    |                                                                                   |                                                                      |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                    | Suite, Apt. #, etc.                                                                                                                                                                                                                   |                                                                                   |                                                                      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                    | City & State                                                                                                                                                                                                                          |                                                                                   |                                                                      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  | Country                                                                            |                                                                                                                                                                                                                                       | Zip                                                                               |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                    |                                                                                                                                                                                                                                       | Country                                                                           |                                                                      |
| 4. FEI Number<br>65-0211424                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                                                                                    |                                                                                                                                                                                                                                       | Applied For<br><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<br><br>ERDMAN, PATRICIA A<br>8002 SANDHILL WAY EAST<br>WEST PALM BEACH, FL 33412                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |                                                                      |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                    |                                                                                                                                                                                                                                       |                                                                                   |                                                                      |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                                                                                                                                                                       | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                      |                                                                      |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  |                                                                                    |                                                                                                                                                                                                                                       |                                                                                   |                                                                      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                 |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DP<br>WILSON, CLIFFORD<br>9055 IBIS BLVD<br>WEST PALM BEACH, FL 33412            | <input checked="" type="checkbox"/> Delete                                         |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | DP<br>STUART TYRRELL<br>8225 IBIS BLVD.<br>WEST PALM BEACH, FL 33412 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |                                                                                                                                                                                                                                       |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DVP<br>ERDMAN, PATRICIA A<br>8002 SANDHILL WAY EAST<br>WEST PALM BEACH, FL 33412 | <input type="checkbox"/> Delete                                                    |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | WEST PALM BEACH, FL 33412                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                                                                                                                                                                                                                                       |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DS<br>CURRAN, NANCY<br>8002 SANDHILL WAY EAST<br>WEST PALM BEACH, FL 33412       | <input type="checkbox"/> Delete                                                    |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                                                                                                                                                                                                                                       |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>VANDERMAY, WILLIAM<br>8225M IBIS BLVD<br>WEST PALM BEACH, FL 33412         | <input type="checkbox"/> Delete                                                    |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | REMOVE THE "M" FROM THE ADDRESS                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |                                                                                                                                                                                                                                       |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>LEPPERT, ROBERTA<br>8002 SANDHILL WAY EAST<br>WEST PALM BEACH, FL 33412     | <input type="checkbox"/> Delete                                                    |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                                                                                                                                                                                                                                       |                                                                                   |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | <input type="checkbox"/> Delete                                                    |                                                                                                                                                                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                                                                                                                                                                                                                                       |                                                                                   |                                                                      |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Patricia A Erdman</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                    | Date: <i>1/26/05</i><br>Daytime Phone #: <i>561-630-2828</i>                                                                                                                                                                          |                                                                                   |                                                                      |