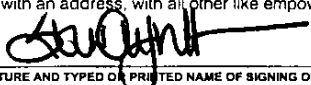


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90020 012 ****70.00

DOCUMENT # N39275 1. Entity Name IBIS PROPERTY OWNERS ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 8002 SANDHILL WAY EAST WEST PALM BEACH, FL 33412 US			Mailing Address 8002 SANDHILL WAY EAST WEST PALM BEACH, FL 33412 US																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # 8005 Sandhill Way East		3. Mailing Address 8005 Sandhill Way East																																																																																																																																																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		4. FEI Number 65-0211424																																																																																																																																																	
Zip 33412		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent GELFAND, MICHAEL J REGIONS FINANCIAL TOWER, SUITE 1220 1555 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401-2329			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 _____ 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																																																																																																																																																					
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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:  3.29.07 Date 561-65-8500 Daytime Phone #																																																																																																																																																					