FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N39276** **(3)**

1. Corporation Name

QUAIL MEADOW AT IBIS HOMEOWNERS ASSOCIATION, INC

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

3. Date Incorporated or Qualified: 07/27/1990
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o Chismark & Co.	26 c/o Chismark & Co.
Suite, Apt. #, etc. 22 901 Northpint Pkwy	Suite, Apt. #, etc. 27 901 Northpoint Pkwy #102
City & State 23 West Palm Beach FL	City & State 28 West Palm Beach FL
Zip 24 33407 / Country 25 USA	Zip 29 33407 / Country 30 USA

4. FEI Number: 65-0211428 ☐ Applied For ☐ Not Applicable

62 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

9. Name and Address of Current Registered Agent

~~ECCLESTONE, E. LLWYD III~~
~~NCNB TOWER, SUITE 1100~~
~~1555 PALM BEACH LAKES BLVD.~~
~~WEST PALM BEACH FL 33401~~

10. Name and Address of New Registered Agent

81 Name: George E. Chismark, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 901 Northpoint Parkway #102
83
84 City: WEst Palm Beach FL 85 Zip Code: 33407

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 617.0503, Florida Statutes.

SIGNATURE: George E. Chismark, Jr. George E. Chismark Jr. 3/6/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) 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,III		1.2 NAME	Anthony O'Brien	
STREET ADDRESS	1555 PALM BCH LAKES BLVD		1.3 STREET ADDRESS	8497 Quail Meadow Way	
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach FL 33412	
TITLE	VTD	☐ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	JERMAN, RICHARD A		2.2 NAME	Joe ~~Palacki~~ PALASEK	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD		2.3 STREET ADDRESS	8457 Quail Meadow Way	
CITY-ST-ZIP	W. PALM BCH FL		2.4 CITY-ST-ZIP	West Palm Beach FL 33412	
TITLE	SD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BRENNER, MICHAEL		3.2 NAME	David L. Yerkes	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD		3.3 STREET ADDRESS	8506 Quail Meadow Way	
CITY-ST-ZIP	W. PALM BCH FL		3.4 CITY-ST-ZIP	West Palm Beach FL 33412	
TITLE		☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME			4.2 NAME	Paul Grady	
STREET ADDRESS			4.3 STREET ADDRESS	8447 Quail Meadow Way	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	West Palm Beach FL 33412	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: ~~[illegible]~~ ANTHONY F O'BRIEN PD 3-9-96 407-688 3065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #