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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
~~C/O CHISMARK & CO~~ ~~901 NORTHPOINT PKWY~~ ~~WEST PALM BEACH FL 33407~~ ~~US~~	~~C/O CHISMARK & CO.~~ ~~901 NORTHPOINT PKWY #102~~ ~~WEST PALM BEACH FL 33407~~ US

3. Date Incorporated or Qualified: 07/27/1990

4. FEI Number: 65-0211428 ☐ 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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Bush Chismark &	26 P.O. Box 9385
Suite, Apt. #, etc. 22 Assoc. 1001 Alt. A1A	Suite, Apt. #, etc. 27
City & State 23 Jupiter, FL	City & State 28 West Palm Beach
Zip / Country 24 33477 / 25 USA	Zip / Country 29 33419 / 30 USA

9. Name and Address of Current Registered Agent

~~CHISMARK, GEORGE E. JR~~
~~901 NORTHPOINT PKWY~~
~~#102~~
~~WEST PALM BEACH FL 33407~~

10. Name and Address of New Registered Agent

81 Name: Kathleen Bush Chismark
82 Street Address (P.O. Box Number is Not Acceptable): 1001 Alternate A1A
83
84 City: Jupiter **FL** 85 Zip Code: 33419

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: Kathleen Bush Chismark 3/1/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, ANTHONY		1.2 NAME	
STREET ADDRESS	8497 QUAIL MEADOW WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PALASEK, JOE		2.2 NAME	
STREET ADDRESS	8457 QUAIL MEADOW WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	YERKES, DAVID L.		3.2 NAME	
STREET ADDRESS	8506 QUAIL MEADOW WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL		3.4. CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GRADY, PAUL		4. 2 NAME	
STREET ADDRESS	8447 QUAIL MEADIW WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	
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 (10/97)

14. 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 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] 3/24/98