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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
05-09-2000 90082 002 ****61.25

DOCUMENT # N39276

1. Entity Name

QUAIL MEADOW AT IBIS HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
C/O BUSH CHISMARK & ASSOC 1001 ALT A1A JUPITER FL 33477 US	~~P.O. BOX 3085~~ ~~WEST PALM BEACH FL 33419-3085~~ ~~US~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	C/o BUSH + ASSOCIATES
Suite, Apt. #, etc.	Suite, Apt. #, etc.: 1001 ALTERNATE A1A
City & State	City & State: JUPITER
Zip / Country	Zip: 33477 / Country: USA

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CHISMARK~~, KATHLEEN BUSH
1001 ALTERNATE A1A
JUPITER FL 33419

7. Name and Address of New Registered Agent

Name: KATHLEEN BUSH
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.

SIGNATURE: Kathleen Bush   1/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PD NAME: ~~O'BRIEN, ANTHONY~~ STREET ADDRESS: ~~8497 QUAIL MEADOW WAY~~ CITY-ST-ZIP: ~~W. PALM BEACH FL~~	☒ Delete	☐ Change ☐ Addition
TITLE: ~~VP~~ P NAME: PALASEK, JOE STREET ADDRESS: 8457 QUAIL MEADOW WAY CITY-ST-ZIP: W. PALM BCH FL	☐ Delete	☐ Change ☐ Addition
TITLE: TD NAME: YERKES, DAVID L. STREET ADDRESS: 8506 QUAIL MEADOW WAY CITY-ST-ZIP: W. PALM BCH FL	☒ Delete	☐ Change ☐ Addition
TITLE: SD NAME: GRADY, PAUL STREET ADDRESS: 8447 QUAIL MEADIW WAY CITY-ST-ZIP: WEST PALM BEACH FL	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition TITLE: SD NAME: F NEIL SMILEY STREET ADDRESS: 8612 QUAIL MEADOW TRACE CITY-ST-ZIP: WPB
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition TITLE: SD NAME: PAUL GRADY STREET ADDRESS: 8447 QUAIL MEADOW WAY CITY-ST-ZIP: WPB FL

CR2E037 (9/99)

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: Joe Palasek   JOE PALASEK   561 575 5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Resent 4/19/00