

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

03/29/03

DOCUMENT # N39276

1. Entity Name

QUAIL MEADOW AT IBIS HOMEOWNERS ASSOCIATION, INC

02-18-2002 90174 049 ****61.25

Principal Place of Business

Mailing Address

C/O BUSH-GHOMARK & ASSOC
1001 ALT A1A
JUPITER FL 33477
US

P.O. BOX 221345
WEST PALM BEACH FL 33422
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0211428

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSH, KATHLEEN
45523 BROOK DRIVE
WEST PALM BEACH FL 33417

C/O BUSH MANAGEMENT

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.

SIGNATURE

Kathleen Bush

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/02

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	SD	<input type="checkbox"/> Delete
NAME	GRADY, PAUL	
STREET ADDRESS	8447 QUAIL MEADOW WAY	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PALASEK, JOE	
STREET ADDRESS	8457 QUAIL MEADOW WAY	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMILEY, F. NEIL	
STREET ADDRESS	8162 QUAIL MEADOW TR.	
CITY-ST-ZIP	W. PALM BCH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRADY, PAUL	
STREET ADDRESS	8447 QUAIL MEADIW WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

1/25/02

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)