2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90291 022 ****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 221345 WEST PALM BEACH, FL 33422 US

04052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
275 TONEY PENNA DRIVE	275 TONEY PENNA DRIVE
Suite, Apt. #, etc.: 7	Suite, Apt. #, etc.: 7
City & State: JUPITER, FL	City & State: JUPITER, FL
Zip: 33458 Country:	Zip: 33458 Country:

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

BUSH, KATHLEEN
C/O BUSH MANAGEMENT
45523 BROOK DRIVE
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent

Name: CRAIG KUNKLE
Street Address (P.O. Box Number is Not Acceptable): C/O SUNRISE COMPANIES
275 TONEY PENNA DRIVE #7
City: JUPITER FL Zip Code: 33458

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: _____ CRAIG KUNKLE 4-13-05
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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRADY, PAUL 8447 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SMILEY, F. NEIL 8162 QUAIL MEADOW TR. WEST PALM BEACH, FL 33412	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NASHMAN, ROBERT 8216 QUAIL MEADOWS TRACE WEST PALM BEACH, FL 33412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Anthony Chiarello 8356 Quail meadow way West Palm Beach, FL 33412	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP John Hart 8426 Quail meadow way West Palm Beach, FL 33412	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VP Toni Ceben 8432 Quail meadow way West Palm Beach, FL 33412	☐ Change ☒ Addition

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: _____ ANTHONY CHIARELLO 4/13/05 561-575-7792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #