2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90220 042 ****61.25

DOCUMENT # N39276

1. Entity Name
QUAIL MEADOW AT IBIS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
275 TONEY PENNA DRIVE #7 JUPITER, FL 33458 US	275 TONEY PENNA DRIVE #7 JUPITER, FL 33458 US

04042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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

KUNKLE, CRAIG
CO SURRISE COMPANIES
275 TONEY PENNA DRIVE #7
JUPITER, FL 33458

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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	T CHIARELLO, ANTHONY 8356 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 SURACI, DAVID ~~NASHMAN, ROBERT~~ ~~8240~~ 8327 QUAIL MEADOWS ~~TRACE~~ WAY WEST PALM BEACH, FL 33412	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SURACI DAVID 8327 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SACHER, HARRIET ~~HART, JOHN~~ ~~8420~~ 8276 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SACHER, HARRIET 8276 QUAIL MEADOW WAY WEST PALM BEACH FL 33412 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V LEBEN ~~OEKEN~~, TONI 8437 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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 J. Chiarello 4/16/05 (561)630-9514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANTHONY J. CHIARELLO