

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90054 019 ****61.25

DOCUMENT # N39276 1. Entity Name QUAIL MEADOW AT IBIS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458 US			Mailing Address 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03222007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0211428	
Zip		Country		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	
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.				FL Zip Code	
SIGNATURE _____ 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, 2007		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. 3 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	3 VP ☒ 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	1st VP Suraci, SURAOL, DAVID 8327 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	VP P SACHER, HARRIET 8276 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	2nd VP GEBEN, 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	4 VP Gary Gokhasser 8197 Quail Meadow Way J.P.B. 33412	☐ 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: <i>Harriet Sacher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-11-07 Date		
			561-575-7792 Daytime Phone #		