2008 NOT-FOR-PROFIT CORPORATION

FILED Mar 28, 2008 8:00 am

	ANNUAL		Secretary of State				
DOCUMENT # N39276 1. Entity Name QUAIL MEADOW AT IBIS HOMEOWNERS ASSOCIATION, INC.					8-2008 90038 01		
275 TONEY PENNA DRIVE #7		Mailing Address 275 TONEY PENNA DRIVE #7 JUPITER, FL 23458 US		· · · · · · · · · · · · · · · · · · ·			
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address					
Suite 410		1061 E. Indiantown Rd. Suite 410 Jupiter, Fla. 33477 US		01072008 Chg-f 4. FEI Number 65-0211428	NP CR2E0:		plied For
6. Name and Address of Current Registe			y	Certificate of Status Name and Address		\$8.75 Addi Fee Required	tional
KUNKLE, CRAIG CO SURRISE COMPANIES 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458			Street Addre	Kurkle, Cra ss (P.O. Box Number is Not OGI E INOM UITE 410	Acceptable)	Rel.	
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 redistance agent. SIGNATURE Signature triad of printed human registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							and accept
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees ADDITIONS/CHANGES	Florida Depa	¥. **	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRADY, PAUL 8447 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412	☐ Delete		~~~			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHIARELLO, ANTHONY 8356 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pones Fran 8286 Ovil Pita Shapir 2002 Ovail	o neadow	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP SURACI, DAVID 8327 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412	X		skura, Dav 186 Quair			□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SACHER, HARRIET 8276 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEBEN, TONI 8437 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP		· .	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4VP GOKLAASSER, GARY 8197 QUAIL MEADOW WAY WEST PALM BEACH, FL 33412	A 5555	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 supplement of the corporation or the receiver or 1 changed, or on an attach.

1. 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 supplement of the corporation or the receiver or 1 chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement of the corporation or the receiver or 1 chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement of the corporation or the receiver or 1 chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement of the corporation or the receiver or 1 chapter 119, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 119, Florida Statutes, and that my name appears in Block 10 or Block 11 if other receiver or 1 chapter 119, Florida Statutes, and that my name appears in Block 10 or Block 11 if other receiver or 1 chapter 119, Florida Statutes, and that my name appears in Block 10 or Block 11 if other receiver or 1 chapter 119, Florida Statutes, and that my name appears in Block 10 or Block 11 if other receiver or 1 chapter 119, Florida Statutes, and that my name appears in Block 10 or Block 11 if other receiver 119, Florida Statutes, and that my name appears in Block 10 or Block 11 if other receiver 119, Florida Statutes, and that my name appears in Block 10 or Block 11 if other receiver 119, Florida Statutes, and the florida Statutes 119, Florida Statutes, and t SIGNATURE AND TYPED UN PRINTED NAME OF STRINKS FICER OR DIRECTOR SIGNATURE: _