

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39276

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** QUAIL MEADOW AT IBIS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1061 E INDIANTOWN RD  
STE 410  
JUPITER, FL 33477 US

**New Principal Place of Business:**

**Current Mailing Address:**

1061 E INDIANTOWN RD STE 410  
JUPITER, FL 33477 US

**New Mailing Address:**

**FEI Number:** 65-0211428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUNKLE, CRAIG  
C/O SUNRISE COMPANIES  
1061 E INDIANTOWN RD STE 410  
JUPITER, FL 33477 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LEBEN, TONI  
**Address:** 8437 QUAIL MEADOW WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33412

**Title:** TD  
**Name:** CHIARELLO, ANTHONY  
**Address:** 8356 QUAIL MEADOW WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33412

**Title:** 1VP  
**Name:** SHAPIRO, RITA  
**Address:** 8202 QUAIL MEADOW TRACE  
**City-St-Zip:** WEST PALM BEACH, FL 33412

**Title:** 2VP  
**Name:** GRADY, PAUL  
**Address:** 8447 QUAIL MEADOW WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33412

**Title:** 3VP  
**Name:** JONES, FRANK  
**Address:** 8286 QUAIL MEADOW WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33412

**Title:** SD  
**Name:** HERSEY, MARCIA  
**Address:** 82966 QUAIL MEADOW WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33412

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TONI LEBEN

P

02/16/2010

Electronic Signature of Signing Officer or Director

Date