


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90273 024 \*\*\*\*61.25

<b>DOCUMENT # N96000001616</b>					
<b>1. Entity Name</b> SANDHILL TRACE AT IBIS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 275 TONEY PENNA DR., #7 JUPITER, FL 33458			<b>Mailing Address</b> 275 TONEY PENNA DR., #7 JUPITER, FL 33458		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0652753	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KUNKLE, CRAIG THE SUNRISE COMPANIES 275 TONEY PENNA DR., #7 JUPITER, FL 33458			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> SCHWARTZ, STUART <b>STREET ADDRESS</b> 7960 SANDHILL COURT <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> KYMAN, LARRY <b>STREET ADDRESS</b> 7916 SANDHILL COURT <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DVP <b>NAME</b> FOTI, JOHN <b>STREET ADDRESS</b> 8080 SANDHILL COURT <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> STONEBACK, RAYMOND <b>STREET ADDRESS</b> 8070 SANDHILL CT <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> ABRAHAM, PATTY <b>STREET ADDRESS</b> 7733 SANDHILL COURT <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> SORKIN, BARBARA <b>STREET ADDRESS</b> 7904 SANDHILL COURT <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> STEPNERS, STEVE <b>STREET ADDRESS</b> 7808 SANDHILL CT <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> STEPNES, STEVE <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> MANFREDI, EUGENE <b>STREET ADDRESS</b> 7892 SANDHILL COURT <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Stuart Schwartz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/13/07 561-694-8623 <small>Date Daytime Phone #</small>		