2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004732

FILED Mar 09, 2007 Secretary of State

Entity Name: IBIS POINT OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-3415690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

DUNN, WALTER Name: DUNN, WALTER Name: 2069 SPOONBILL ST Address: 2069 SPOONBILL ST Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

PD Title: (X) Delete Title: () Change () Addition

VOISELLE, CHAD Name: Name: Address: 13930 SANDHILL CRANE DR S Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip:

Title: () Delete Title: PD (X) Change () Addition

NORRIS, CHRIS NORRIS, CHRIS Name: Name: 13991 SPOONBILL ST N Address: Address: 13991 SPOONBILL ST N City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

Title: TD () Delete Title: D (X) Change () Addition

Name: CAPORINI, MARK Name: DEW. GENE 1944 IBIS POINT LN 14003 SPOONBILL ST N Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

Title: () Delete Title: (X) Change () Addition

CHRISTMAN, JIM CHRISTMAN, JIM Name: Name:

13948 SANDHILL CRANE DR S 13948 SANDHILL CRANE DR S Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRIS NORRIS PD 03/09/2007