


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90060 047 \*\*\*\*61.25

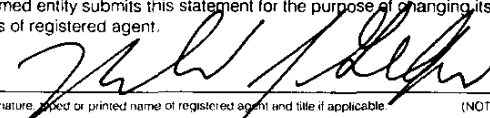
<b>DOCUMENT # N96000006571</b>	
1. Entity Name <b>CASCAYA AT IBIS HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>ASSOCIATED PROPERTY 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US</b>	Mailing Address <b>ASSOCIATED PROPERTY 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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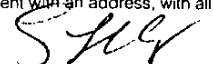
City & State  Zip	City & State  Zip	Country	Country
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6. Name and Address of Current Registered Agent  <b>ASSOCIATED PROPERTY MGMT. ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461</b>		7. Name and Address of New Registered Agent  <b>NAME: <u>GELFAND, ARPE, MICHAEL J. GELFAND</u> STREET ADDRESS (P.O. Box Number is Not Acceptable): <u>210 THE REGIONS TOWER GELFAND, ARPE, J.A.</u> <u>1555 P.B. G. SUITE # 1220</u> CITY: <u>W.P.B.</u> FL ZIP CODE: <u>33401</u></b>	
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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.	
SIGNATURE: 	DATE: <u>2/29/08</u>

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALER, FERDI 10777 WATERFORD PL WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, SYDNEY 10769 WATERFORD PLACE WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENAHAN, SHELLY 10745 WATERFORD PL WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHIRO, ALAN 10772 WATERFORD PL WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANTARSH, NINA 10741 WATERFORD PL WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCLAFANI, MARIO 10784 WATERFORD PL. WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <u>Syd. Katz</u>	DATE: <u>3/11/08</u> DAYTIME PHONE: <u>561-775-7531</u>