

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

0051132

DOCUMENT # N97000002161

1. Entity Name

IBIS ISLE HOMEOWNERS ASSOCIATION, INC.

03-05-2001 90336 005 ****61.25

Principal Place of Business

**5610 PGA BLVD
 #114
 PALM BEACH GARDENS FL 33418
 US**

Mailing Address

**5610 PGA BLVD
 STE #114
 PALM BEACH GARDENS FL 33418
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0752912

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SABATELLO CONSTRUCTION OF FLORIDA INC.
 5610 PGA BLVD
 #114
 PALM BEACH GARDENS FL 33418**

Name **THE SUNRISE COMPANIES**

Street (P.O. Box Number is Not Acceptable)

275 TONEY PENNA DRIVE #7

City

JUPITER

FL

Zip Code

33458

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, Title, and Name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **SABATELLO, CARL M.**
 CITY-ST-ZIP **5610 PGA BLVD #114
 PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **SABATELLO, PAUL T.**
 CITY-ST-ZIP **5610 PGA BLVD #114
 PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **SABATELLO, MICHAEL J.**
 CITY-ST-ZIP **5610 PGA BLVD #114
 PALM BEACH GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KRUSKI, SAM J.**
 CITY-ST-ZIP **9033 LAKES BLVD
 WEST PALM BEACH FL 33412**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01

Date

561-575-7792

Daytime Phone #

CR2E037 (10/00)