

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90017 009 ****61.25

DOCUMENT # N97000002161 1. Entity Name IBIS ISLE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 275 TONEY PENNA DR. #7 JUPITER, FL 33458 US		Mailing Address 275 TONEY PENNA DR. #7 JUPITER, FL 33458 US	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 	
1061 E. Indiantown Rd. Suite 410 Jupiter, Fla. 33477 US		1061 E. Indiantown Rd. Suite 410 Jupiter, Fla. 33477 US	
4. FEI Number 65-0752912		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE SUNRISE COMPANIES 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name <u>The Sunrise Companies</u> Street Address (P.O. Box Number is Not Acceptable) <u>1061 E. INDIANTOWN Rd.</u> <u>SUITE 410</u> City <u>JUPITER</u> FL <u>33477</u>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/18/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNESKY, MICKI 9068 LAKES BLVD WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBSON, MARLA 9054 LAKES BLVD WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SHELLY 9020 LAKES BLVD WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUCMIEVOWSKI, VINCENT 9012 LAKES BLVD. WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIESS, NEIL 9006 LAKES BLVD WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARPENTER, RICHARD 8986 LAKES BLVD WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORAZIO, BERNARD 9002 LAKES BLVD. WEST PALM BEACH, FL 33412	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<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:		DATE <u>4/18/08</u> Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			