

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90161 046 ****61.25

DOCUMENT # N97000002161

1. Entity Name

IBIS ISLE HOMEOWNERS ASSOCIATION, INC.



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

Zip

Country

Zip

Country

4. FEI Number **65-0752912**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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

City

FL

Zip Code

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

Signature, typed or printed 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	BS	<input type="checkbox"/> Delete
NAME	DUNEFSKY, STEPHEN NICKI	
STREET ADDRESS	9068 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ERNST, DAVID	
STREET ADDRESS	9040 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	BT	<input type="checkbox"/> Delete
NAME	JACOBSON, STEVEN	
STREET ADDRESS	9054 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	BP	<input type="checkbox"/> Delete
NAME	KRUSKI, SAM J.	
STREET ADDRESS	9033 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JOSEPH	
STREET ADDRESS	9004 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDRICK, BOB	
STREET ADDRESS	9064 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD CARPENTER	
STREET ADDRESS	8986 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOEL FRIESS	
STREET ADDRESS	9006 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY STAIN	
STREET ADDRESS	9066 LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X SIGNATURE REQUIRED KRUSKI**

4/21/2003 561-575-7792

CR2E037 (10/02)