

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N97000005347</b> 1. Entity Name <b>LARKSPUR LANDING AT IBIS, INC.</b>				<b>FILED</b> <b>08 DEC 31 PM 5:08</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>300 AVENUE OF CHAMPIONS</b> <b>SUITE 120</b> <b>PALM BEACH GARDENS, FL 33418</b>		Mailing Address <b>300 AVENUE OF CHAMPIONS</b> <b>SUITE 120</b> <b>PALM BEACH GARDENS, FL 33418</b>			
<b>United Community Mgt. Corp.</b>					
2. Principal Place of Business - No P.O. Box # <b>11784 W. Sample Rd</b>		3. Mailing Address <b>11784 W. Sample Rd</b>			
Suite, Apt. #, etc. <b>#103</b>		Suite, Apt. #, etc. <b>#103</b>		10182008 Chg-NP CR2E037 (12/06)	
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>		4. FEI Number <b>65-0915871</b>	
Zip <b>33065</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>QUEEN, SUSAN</b> <b>300 AVENUE OF CHAMPIONS</b> <b>SUITE 120</b> <b>PALM BEACH GARDENS, FL 33418</b>				7. Name and Address of New Registered Agent  <b>United Community Mgt. Corp.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11784 W. Sample Rd #103</b> <b>Coral Springs FL 33065</b>	
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: <u><i>Daniel Campbell</i></u> U.P. Finance United Community Mgt 12/15/08 <small>Signature, typed or printed name of registrant</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHHOLZ, ROBERT 300 AVENUE OF THE CHAMPIONS #120 WEST PALM BEACH, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GITTER, KAREN 300 AVE OF CHAMPIONS #120 WPS FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEINBERG, ELIOT 300 AVENUE OF THE CHAMPIONS #120 WEST PALM BEACH, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400139414774 01/05/09--01012--020 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLOWERS, VEREEN 300 AVENUE OF THE CHAMPIONS #120 WEST PALM BEACH, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12/1/9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOCK, LAURI 300 AVENUE OF THE CHAMPIONS #120 WEST PALM BEACH, FL 33418	<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 FINKLESTEIN, LINDA 300 AVENUE OF THE CHAMPIONS #120 WEST PALM BEACH, FL 33418	<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	<input type="checkbox"/> Delete	<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 fees empowered.					
SIGNATURE: <u><i>Robert Buchholz</i></u> 12/15/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					