

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90133 039 ****61.25

DOCUMENT # N98000003427

1. Entity Name

MONTE VERDE AT IBIS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1930 COMMERCE LN
1
JUPITER FL 33458

Mailing Address

1930 COMMERCE LN
1
JUPITER FL 33458

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

65-0894090

Applied For

Not Applicable

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

INGLIS, STEVE PCAM
% BRISTOL MANAGEMENT, SER
1930 COMMERCE LANE, # 1
JUPITER FL 33458

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
Due By May 1, 2006

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	PD	<input type="checkbox"/> Delete
NAME	VENNARD, JERRY	
STREET ADDRESS	7441 MONTE VERDE LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	DO	<input checked="" type="checkbox"/> Delete
NAME	PATRIC, TODD	
STREET ADDRESS	7621 MONTE VERDE LN.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YELSON, CINDY	
STREET ADDRESS	7020 MONTE VERDE LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANTER, STEVE	
STREET ADDRESS	7611 MONTE VERDE LN.	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BELSON, VIC	
STREET ADDRESS	7531 MONTE VERDE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	DD	<input type="checkbox"/> Delete
NAME	LANOUX, JERRY	
STREET ADDRESS	7530 MONTE VERDE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY WEHR LN	
STREET ADDRESS	7441 MONTE VERDE LN	
CITY-ST-ZIP	W.P.B., FL 33412	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL LUBIN	
STREET ADDRESS	7600 MONTE VERDE LN.	
CITY-ST-ZIP	W.P.B., 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 exemptions contained in Section 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: *Harold A. Vennard*

3/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #