

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

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**



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VENNARD, JERRY 7441 MONTE VERDE LN WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBIN, JOEL 7600 MONTE VERDE LN WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YELSON, CINDY 7020 MONTE VERDE LN WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTER, STEVE 7611 MONTE VERDE LN. WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELSON, VIC 7531 MONTE VERDE LANE WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD LANOUX, JERRY 7530 MONTE VERDE LANE WEST PALM BEACH, FL 33412

U00000673034
03/29/07-80012-020 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #