

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90005 007 \*\*\*\*61.25

<b>DOCUMENT # N99000004044</b> 1. Entity Name <b>IBIS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3037 SHEPPARDS CROOK HOLIDAY, FL 34691</b>				Mailing Address <b>3037 SHEPPARDS CROOK HOLIDAY, FL 34691</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>JOSEPH R. CIANFRONE, P.A. 1964 BAYSHORE BLVD DUNEDIN, FL 34698</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>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	VPD GODSEY, BRENDA <input type="checkbox"/> Delete 3037 SHEPPARDS CROOK - Add incorrect HOLIDAY, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Brenda Godsey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3047 SHEPPARDS CROOK Holiday, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNY, MAHI <input type="checkbox"/> Delete 3037 SHEPPARDS CROOK HOLIDAY, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POREDA, DON <input type="checkbox"/> Delete 3025 SHEPPARDS CROOK HOLIDAY, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DENNY, DAVID <input type="checkbox"/> Delete 3037 SHEPPARDS CROOK HOLIDAY, FL 34691		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		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		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 like empowered.					
<b>SIGNATURE: Mahi Denny Mahi Denny PD</b> <span style="float: right;"><b>8/12/06</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					