

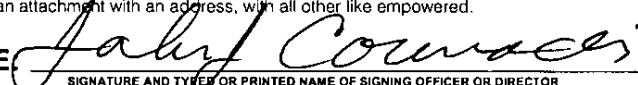
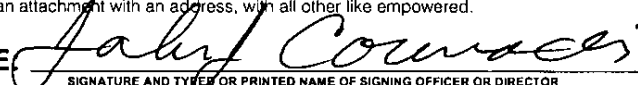


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 028 ****61.25

DOCUMENT # N99000007208 1. Entity Name IBIS POINTE I AT CARLTON LAKES, INC.					
Principal Place of Business C/O L.A. PROPERTY MANAGEMENT 18557 IRIS RD. FT. MYERS, FL 33967			Mailing Address C/O L.A. PROPERTY MANAGEMENT 18557 IRIS RD. FT. MYERS, FL 33967		
2. Principal Place of Business - No P.O. Box # 27180 Bay Landing Dr Suite, Apt. #, etc. Ste 4 City & State Bonita Springs Zip FL 34135		3. Mailing Address 27180 Bay Landing Dr Suite, Apt. #, etc. Ste 4 City & State Bonita Spgs Zip FL 34135		01252008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3617772 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent NEWBERRY, LORIANN CAMCFPM C/O L.A. PROPERTY MANAGEMENT 18557 IRIS RD. FT. MYERS, FL 33967	
7. Name and Address of New Registered Agent Name John O'Gueman Street Address (P.O. Box Number is Not Acceptable) Sterling Property Services 27180 Bay Landing Dr. Ste 4 City Zip Code Bonita Springs FL 34135				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  4/7/08 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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	STD COSTA, JONI	<input checked="" type="checkbox"/> Delete	TITLE	STD Robert Stutzell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5215 BIRMINGHAM DRIVE #102		STREET ADDRESS	5230 Birmingham Drive #101	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples FL 34110	
TITLE	PD TORRISI, RUSS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5210 BIRMINGHAM DRIVE #201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	VPD COUNADIS, JOHN	<input checked="" type="checkbox"/> Delete	TITLE	VPD Sylvia Counadis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5205 BIRMINGHAM DRIVE #101		STREET ADDRESS	5205 Birmingham Drive #101	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 John O'Gueman		
SIGNATURE 			Date 2/27/08 Daytime Phone #		