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**Mar 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002161 (4)
1. Corporation Name
IBIS ISLE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **9055 IBIS BLVD WEST PALM BEACH FL 33412**
Mailing Address: **9055 IBIS BLVD WEST PALM BEACH FL 33412**

3. Date Incorporated or Qualified: **04/14/1997**
4. FEI Number: **65-0752912**
Applied For: Not Applicable:

2. Principal Place of Business: **21 5610 PGA Boulevard**
Suite, Apt. #, etc.: **22 #114**
City & State: **23 Palm Beach Gardens, FL**
Zip: **24 33418** Country: **25**

2a. Mailing Address: **26 5610 PGA Boulevard**
Suite, Apt. #, etc.: **27 #114**
City & State: **28 Palm Beach Gardens, FL**
Zip: **29 33418** Country: **30 U.S.A.**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**IBIS WEST PALM PARTNERS L.P.
9055 IBIS BLVD
WEST PALM BEACH FL 33412**

10. Name and Address of New Registered Agent
81 Name: **Sabatello Construction of FL, Inc.**
82 Street Address (P.O. Box Number Is Not Acceptable): **5610 PGA Boulevard**
83 Suite # 114
84 City: **Palm Beach Gardens** FL 85 Zip Code: **33418**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **Carl M. Sabatello, President** DATE: _____
Signature, typed or printed, name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, CLIFFORD	1.2 NAME	Carl M. Sabatello
STREET ADDRESS	9055 IBIS BLVD	1.3 STREET ADDRESS	5610 PGA Boulevard, #114
CITY-ST-ZIP	WEST PALM BEACH FL 33412	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	ST	2.1 TITLE	Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERDMAN, PATRICIA	2.2 NAME	Paul T. Sabatello
STREET ADDRESS	9055 IBIS BLVD	2.3 STREET ADDRESS	5610 PGA Boulevard, #114
CITY-ST-ZIP	WEST PALM BEACH FL 33412	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	V	3.1 TITLE	Secretary / Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, ROBERT C	3.2 NAME	Michael J. Sabatello
STREET ADDRESS	9055 IBIS BLVD	3.3 STREET ADDRESS	5610 PGA Boulevard, #114
CITY-ST-ZIP	WEST PALM BEACH FL 33412	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE		4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Sam J. Kruski
STREET ADDRESS		4.3 STREET ADDRESS	9033 Lakes Boulevard
CITY-ST-ZIP		4.4 CITY-ST-ZIP	West Palm Beach, FL 33412
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Carl M. Sabatello, President** (5/1/98)

CR2E037 (10/97)