

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005129

**Entity Name:** SAND CAY AT IBIS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463**Current Mailing Address:**C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
LAKE WORTH , FL 33463 US**FEI Number:** 65-1114544**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LORA HOWE ATTORNEY  
3801 PGA BLVD  
SUITE 600  
PALM BEACH GARDENS, FL 33410 US*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.***SIGNATURE:** LORA HOWE

04/01/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD, TD  
Name KUSHINS, LAWRENCE  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title PD  
Name DAVIDSON, WALTER  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name WELCH , DAVID  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name ZENENBERG, HAROLD  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title D  
Name SOIFER, NANCY  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title VPD  
Name ZODIKOFF, RICHARD  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR  
Name DAVIS , RONALD  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title DIR  
Name LINZER, LYNN  
Address C/O GRS MANAGEMENT ASSOCIATES  
INC  
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City-State-Zip: LAKE WORTH FL 33463

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** WALTER DAVIDSON

PD

04/01/2015

**Officer/Director Detail Continued :**

Title DIR  
Name REED, SHELLY  
Address C/O GRS MANAGEMENT ASSOCIATES INC  
3900 WOODLAKE BLVD SUITE 309  
City-State-Zip: LAKE WORTH FL 33463