

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37112** (2)
1. Corporation Name
IVES ESTATES COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
1111 NE 201 TERRACE 1111 NE 201 TERRACE
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/15/1990** 3a. Date of Last Report **03/22/1994**
4. FEI Number **65-0183694** Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**KING, LOUISE K.
1111 N.E. 201 TERR.
NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, LOUISE K	1.2 NAME	
STREET ADDRESS	1111 NE 201 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SBRISSA, SHARON	2.2 NAME	
STREET ADDRESS	1190 N.E. 200 TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, BILL	3.2 NAME	
STREET ADDRESS	1275 NE 199 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, ALISON	4.2 NAME	
STREET ADDRESS	19685 NE 12 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENTA, JEAN	5.2 NAME	
STREET ADDRESS	1110 NE 201 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, DEBBY	6.2 NAME	
STREET ADDRESS	19815 NE 12TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: LOUISE K. KING **LOUISE K. KING** 3/6/95 305-651-0287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Define (Form 1)