

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90023 021 \*\*\*\*61.25

**DOCUMENT # N37112**

1. Entity Name

**IVES ESTATES COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1190 NE 200 TERRACE  
 MIAMI FL 33179  
 US

1190 NE 200 TERRACE  
 MIAMI FL 33179  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0183694**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SBRISSA, SHARON**  
**1190 NE 200TH TER**  
**N MAIMI BEAHC FL 33179**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SBRISSA, SHARON	
STREET ADDRESS	1190 NE 200TH TERR	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNETTE, SCOTT	
STREET ADDRESS	1410 NE 199 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERRY, PEG	
STREET ADDRESS	1131 NE 211 TERR	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROARK, MADGE	
STREET ADDRESS	1100 NE 199TH TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	CSP	<input type="checkbox"/> Delete
NAME	BEYER, ALBERTA	
STREET ADDRESS	1121 NE 214 ST	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_

*Sharon Sbrissa, President July 5, 2002 305-651-8079*

CR2E037 (4/02)