


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004, 08:00 AM**  
**Secretary of State**

DOCUMENT # N37112  
1. Entity Name  
IVES ESTATES COMMUNITY ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
1190 NE 200 TERRACE      1190 NE 200 TERRACE  
MIAMI, FL 33179 US      MIAMI, FL 33179 US

**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
NOT APPLICABLE      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SBRISSA, SHARON  
1190 NE 200TH TER  
N MAIMI BEAHC, FL 33179

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000041646  
02/09/04-80098-009 61.25

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IN THIS SPACE**

12. 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 report or supplement 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 address, with all other like empowered.

SIGNATURE: Sharon Sbrissa      Date: February 4, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day Month Year