

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37112

FILED
Apr 18, 2006
Secretary of State

Entity Name: IVES ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1190 NE 200 TERRACE
MIAMI, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1190 NE 200 TERRACE
MIAMI, FL 33179 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SBRISSA, SHARON
Address: 1190 NE 200TH TERR
City-St-Zip: N MIAMI BEACH, FL

Title: VD () Delete
Name: BURNETTE, SCOTT
Address: 1410 NE 199 ST
City-St-Zip: N MIAMI BEACH, FL

Title: SD () Delete
Name: PERRY, PEG
Address: 1131 NE 211 TERR
City-St-Zip: N MIAMI BEACH, FL

Title: TD () Delete
Name: ROARK, MADGE
Address: 1100 NE 199TH TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: CSP () Delete
Name: BEYER, ALBERTA
Address: 1121 NE 214 ST
City-St-Zip: N MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON SBRISSA

PRES

04/18/2006

Electronic Signature of Signing Officer or Director

Date