

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 28, 2009  
Secretary of State**

DOCUMENT# N37112

Entity Name: IVES ESTATES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

1190 NE 200 TERRACE  
MIAMI, FL 33179 US

**Current Mailing Address:**

**New Mailing Address:**

1190 NE 200 TERRACE  
MIAMI, FL 33179 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VD ( ) Delete  
Name: WARREN, DEBORAH  
Address: 19815 NE 12 AVENUE  
City-St-Zip: MIAMI, FL 33179

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

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

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

Title: TD ( ) Delete  
Name: BRASLAWSCHE, ZELDA  
Address: 1271 NE 206 STREET  
City-St-Zip: MIAMI, FL 33179

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

I hereby certify that the information supplied with this filing does not qualify 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

05/28/2009

Electronic Signature of Signing Officer or Director

Date