

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N95000002983 (3)**  
 1. Corporation Name

**IVALEA GARDENS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business: P.O. BOX 5149, NAVARRE FL 32566  
 Mailing Address: P.O. BOX 5149, NAVARRE FL 32566

3. Date Incorporated or Qualified: **06/20/1995**  
 3a. Date of Last Report: **N/A**

2. Principal Place of Business: 21  
 2a. Mailing Address: 26

Suite, Apt. #, etc.: 22  
 Suite, Apt. #, etc.: 27

City & State: 23  
 City & State: 28

Zip: 24  
 Country: 25 **SANTA ROSA**  
 Zip: 29  
 Country: 30 **SANTA ROSA**

4. FEI Number: **59-3368350**  
 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**WYATT, KIRK**  
**439 GREEN ACRES RD**  
**FT WALTON BEACH FL 32547**

**10. Name and Address of New Registered Agent**

81 Name: **F. B. DILLON**  
 82 Street Address (P.O. Box Number is Not Acceptable): **1748 IVALEA CIRCLE**  
 83  
 84 City: **NAVARRE** FL 85 Zip Code: **32566**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: F. B. Dillon **F. B. DILLON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE: **6/14/96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WYATT, KIRK</b>	
STREET ADDRESS	<b>439 GREEN ACRES RD</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH FL 32547</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ETHEREDGE, JAMES</b>	
STREET ADDRESS	<b>226 TROY ST NE</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOGIAGES, LINDA</b>	
STREET ADDRESS	<b>1325 N 15 AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REBHOLZ, MARY</b>	
STREET ADDRESS	<b>8401 NAVARRE PKWY</b>	
CITY-ST-ZIP	<b>NAVARRE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PRESIDENT D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>F. B. DILLON</b>	
1.3 STREET ADDRESS	<b>1748 IVALEA CIRCLE</b>	
1.4 CITY-ST-ZIP	<b>NAVARRE, FL 32566</b>	
2.1 TITLE	<b>VICE PRESIDENT D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>STEPHEN ASHLEY</b>	
2.3 STREET ADDRESS	<b>1750 IVALEA CIRCLE</b>	
2.4 CITY-ST-ZIP	<b>NAVARRE, FL 32566</b>	
3.1 TITLE	<b>SECRETARY D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GLORIA O. DILLON</b>	
3.3 STREET ADDRESS	<b>1748 IVALEA CIRCLE</b>	
3.4 CITY-ST-ZIP	<b>NAVARRE, FL 32566</b>	
4.1 TITLE	<b>TREASURER D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>MARGARET DEVINE</b>	
4.3 STREET ADDRESS	<b>1735 IVALEA CIRCLE</b>	
4.4 CITY-ST-ZIP	<b>NAVARRE, FL 32566</b>	
5.1 TITLE	<b>DIRECTOR D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>LINDA BOGIAGES</b>	
5.3 STREET ADDRESS	<b>1780 IVALEA CIRCLE</b>	
5.4 CITY-ST-ZIP	<b>NAVARRE, FL 32566</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: F. B. Dillon **F. B. DILLON, PRES.** DATE: **6/14/96** DAYTIME PHONE #: **(904) 936-4668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (3/96)