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Mar 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
P.O. BOX 5149 NAVARRE FL 32566 P.O. BOX 5149 NAVARRE FL 32566-0149

3. Date Incorporated or Qualified 06/20/1995 3a. Date of Last Report 06/18/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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  
F.B. DILLON  
1748 IVALEA CIRCLE  
NAVARRE FL 32547

10. Name and Address of New Registered Agent  
81 Name MARGARET DEVINE  
82 Street Address (P.O. Box Number is Not Acceptable) 1735 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 Margaret Devine DATE Feb 26, 1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PD F.B. DILLON DELETE  
NAME F.B. DILLON  
STREET ADDRESS 1748 IVALEA CIRCLE  
CITY-ST-ZIP NAVARRE FL  
TITLE VPD STEPHEN ASHLEY DELETE  
NAME STEPHEN ASHLEY  
STREET ADDRESS 1750 IVALEA CIRCLE  
CITY-ST-ZIP NAVARRE FL  
TITLE SD GLORIA O. DILLON DELETE  
NAME GLORIA O. DILLON  
STREET ADDRESS 1748 IVALEA CIRCLE  
CITY-ST-ZIP NAVARRE FL  
TITLE TD MARGARET DEVINE  
NAME MARGARET DEVINE  
STREET ADDRESS 1735 IVALEA CIRCLE  
CITY-ST-ZIP NAVARRE FL  
TITLE D LINDA BOGIAGES  
NAME LINDA BOGIAGES  
STREET ADDRESS 1780 IVALEA CIRCLE  
CITY-ST-ZIP NAVARRE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE VPD VINCE COLLIER Change Addition  
1.2 NAME VINCE COLLIER  
1.3 STREET ADDRESS 1724 IVALEA CIRCLE  
1.4 CITY-ST-ZIP NAVARRE FL 32566  
2.1 TITLE TD DEBRA EDGELL Change Addition  
2.2 NAME DEBRA EDGELL  
2.3 STREET ADDRESS 1738 IVALEA CIRCLE  
2.4 CITY-ST-ZIP NAVARRE FL 32566  
3.1 TITLE SD CARLA HSIE Change Addition  
3.2 NAME CARLA HSIE  
3.3 STREET ADDRESS 1720 IVALEA CIRCLE  
3.4 CITY-ST-ZIP NAVARRE FL 32566  
4.1 TITLE PD Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE D ORVILLE PORTER Change Addition  
5.2 NAME ORVILLE PORTER  
5.3 STREET ADDRESS 1755 IVALEA CIRCLE  
5.4 CITY-ST-ZIP NAVARRE FL 32566  
6.1 TITLE D JON DUNCAN Change Addition  
6.2 NAME JON DUNCAN  
6.3 STREET ADDRESS 1746 IVALEA CIRCLE  
6.4 CITY-ST-ZIP NAVARRE FL 32566

14. I do 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 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: Margaret Devine MARGARET DEVINE DATE: Feb 26, 1997 904-939-2519

CR2E037 (9/96)