FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N95000002983

1. Corporation Name

IVALEA GARDENS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Busine	98
P.O. BOX 5149	
NAVARRE FL 32566	

2. Principal Place of Business

Mailing Address

P.O. BOX 5149 NAVARRE FL 32566

2a. Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90189 023 ****61.25



3. Date Incorporated or Qualifed

06/20/1995

21		26			06/20/1995		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	App	lied For
22	.,	27			59-3368350	Not	Applicable
City & State		City & State			E Continue of Status Passiand	\$8.75 A	dditional
23		28			5. Certificate of Status Desired	Fee Rec	quired
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	May Be
24	25	29	30		Trust Fund Contribution	Added to	Fees
1	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	ere \gent	
			81	Name	SAFFER, KUVET M.		
DEVINE A	AADCARET		82	Stroot Add	dress (P.O. Box Number is Not Acceptable	ヹ ゙゙゙゙゙゙゙゙゙゙゙゚ ゠゠゠゠゠	
D evine, Marcare t 1 735 Ivalea Circ le			02		1748 IVALEA CIR	4	_
NAVARRE			83				
NAVANNE	FC 32300		<u> </u>			2)/ 2 2 0	
	104		84	City	VAVARRE	85 Zip C	2000 -
11. Pursuant	to the acquisions of Sections 617 0502	and 617 1508 Florida Statutes	s the abov	e-named cor	rporation submits this statement for the puri	of changing its r	egistered
office or n	enistered agent, or both, in the State O	i Florida. Such change was aut	tnorizea by	the comorai	tion's board of directors. I hereby accept the	ppointment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	da Statutes	i.			
SIGNATURE	Oleman and a second as a secon	and fills if annicable /NOTE -	Pagistared Ac-	nt signatura racui	ired when reinstating) DA1	TE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	agricula raqui	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	VPD	₩ DELETE	1.1 TITLE	P	5	Change	Addition
NAME	COLLIER, VINCE	**	1.2 NAME	5	AFFER, KURT M.		•
	1724 IVALEA CIRCLE			TADDRESS IT	148 IVALEA CIR		
STREET ADDRESS	NAVARRE FL		1.4 CITY-5	A L	AVARRE FL 32566		
CITY-ST-ZIP	TD TD	⊠ DELETE	2.1 TITLE	V		☐ Change	 Addition
TITLE	· · · · · · · · · · · · · · · · · · ·	pa seeme	2.2 NAME		ISHLEY, STEVE	_ •	
NAME	HILL, LISA 1752 IVALEA CIR			TADDRESS I	150 IVALER CIR		
STREET ADORESS	NAVARER FL 32566		2.4 CITY-		IAVARRE, FL 32566		
CITY-ST-ZIP	SD	X DELETE	3.1 TITLE		D	Change	Addition
TITLE		Apereir	3.2 NAME	2	AVIS, MIKE	_ , ,	~
NAME	HSIE, CARLA				TZZ TVALEACIE		
STREET ADDRESS	1720 IVALEA CIR.			. COUNTED	VAVARRE, FL 32566		
CITY-ST-ZIP	NAVARRE FL	X DELETE	3.4. CITY-	-		Change	Addition
TITLE '	PD	N DETELE	4.1 TITLE	-	D TUBY		A
NAME	MARGARET DEVINE		4. 2 NAME		ASTWOOD, JUDY 705 IVALEA CIR		
STREET ADDRESS	1735 IVALEA CIRCLE		1		——————————————————————————————————————		
CITY-ST-ZIP	NAVARRE FL	Figure	4.4 CITY-5	ST-ZIP C	VAVANDE, FL 32566	☐ Change	Addition
TITLE	D	⊠ DELETE	5.1 TITLE		nll, Eqic	☐ Change	X vacanon
NAME .	PORTER, ORVILLE		5.2 NAME	**************************************	752 IVALEACIE		
STREET ADDRESS	1755 IVALEA CIRCLE						
CITY-ST-ZIP	INVITATE I C		5.4 CITY-S 6.1 TITLE	ST-ZIP N	JAVAGRE, FL 32566		□ 6.43%
TITLE	D	S 5-2-2				☐ Change	☐ Addition
NAME	DEVINE, DAVID		6.2 NAME				
STREET ADDRESS	1735 IVALEA CIR		6.3 STREE	TADDRESS			
CITY-ST-ZIP ,	NAVARRE FL 32566		6.4 CITY-5				
14. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I furthe ire shall have the same legal effect as if made	er certify that the in	formation am an
officer or	director of the corporation or the receive	er or trustee empowered to ex	ecute this i	report as req	uired by Chapter 617, Florida Statutes; and the	hat my name appe	ars in
Block 12	or Block 13 if changed, or on an attach	ment with an address, with all	other like e	mpowered.			

SIGNATURE:

26 APR 99

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