

FILE NOW: FILING FEE IS \$61.25

AMENDED
6/1.25

FILED

99 AUG -4 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Business: P.O. Box 5149, Navarre, FL 32566
Mailing Address: P.O. Box 5149, Navarre, FL 32566

900002959819--1
-08/13/99--01105--003
*****61.25 *****61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	06/20/1995
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-3368350
24. Country	29. Country	Applied For
	30. Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SAFFER, Kurt M. (you may also be showing the following person) 1748 Ivalea Circle Navarre, FL 32566		81. Name	FRANKLIN, John
Maggie Devine 1735 Ivalea Circle Navarre, FL 32566		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	1780 Ivalea Circle
		84. City	Navarre, FL 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: *John Franklin* DATE: July 31, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	11 TITLE	PD-also Recording Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFFER, Kurt M.	12 NAME	TIPTON, Brenda A.
STREET ADDRESS	1748 Ivalea Circle	13 STREET ADDRESS	1704 Ivalea Circle
CITY-ST-ZIP	Navarre, FL 32566	14 CITY-ST-ZIP	Navarre, FL 32566
TITLE	VPD <input checked="" type="checkbox"/> DELETE	21 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEY, Steve	22 NAME	TIMMERMAN, Brooks
STREET ADDRESS	1750 Ivalea Circle	23 STREET ADDRESS	1772 Ivalea Circle
CITY-ST-ZIP	Navarre, FL 32566	24 CITY-ST-ZIP	Navarre, FL 32566
TITLE	TD <input checked="" type="checkbox"/> DELETE	31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTWOOD, Judy	32 NAME	WENTWORTH, Mitzie
STREET ADDRESS	1705 Ivalea Circle	33 STREET ADDRESS	1739 Ivalea Circle
CITY-ST-ZIP	Navarre, FL 32566	34 CITY-ST-ZIP	Navarre, FL 32566
TITLE	SD <input checked="" type="checkbox"/> DELETE	41 TITLE	CORPORATE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, Mike	42 NAME	SHEVAT, Jeri
STREET ADDRESS	1722 Ivalea Circle	43 STREET ADDRESS	1774 Ivalea Circle
CITY-ST-ZIP	Navarre, FL 32566	44 CITY-ST-ZIP	Navarre, FL 32566
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, Eric	52 NAME	FRANKLIN, John
STREET ADDRESS	1752 Ivalea Circle	53 STREET ADDRESS	1774 Ivalea Circle
CITY-ST-ZIP	Navarre, FL 32566	54 CITY-ST-ZIP	Navarre, FL 32566
TITLE	D CHANGE <input checked="" type="checkbox"/> DELETE	61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOTYS, Lee	62 NAME	SAFFER, Kurt
STREET ADDRESS	1785 Ivalea Circle	63 STREET ADDRESS	1748 Ivalea Circle
CITY-ST-ZIP	Navarre, FL 32566	64 CITY-ST-ZIP	Navarre, FL 32566

7 Officers and Directors

TS

14. I 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, with all other like empowered.

SIGNATURE: Brenda Tipton, President *Brenda Tipton* Date: 7-31-99 Daytime Phone #: 1-850-939-9971

CR2E037 (11/98)