

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90027 035 ****62.50

DOCUMENT # N95000002983

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3368350

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN, JOHN
1780 IVALEA CIRCLE
NAVARRE FL 32566

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

John Franklin

John Franklin

3-17-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
 NAME **SAFFER, KURT M**
 STREET ADDRESS **1748 IVALEA CIRCLE**
 CITY-ST-ZIP **NAVARRE FL 32566**

Delete

TITLE
 NAME **ISAAC WADE D**
 STREET ADDRESS **1759 IVALEA CIRCLE**
 CITY-ST-ZIP **NAVARRE, FL 32566**

Change Addition

TITLE **PRS**
 NAME **TIPTON, BRENDA A**
 STREET ADDRESS **1750 IVALEA CIRCLE**
 CITY-ST-ZIP **NAVARRE FL 32566**

Delete

TITLE
 NAME **JUDY EASTWOOD VPD**
 STREET ADDRESS **1705 IVALEA CIRCLE**
 CITY-ST-ZIP **NAVARRE, FL 32566**

Change Addition

TITLE **VPD- PRS**
 NAME **TIMMERMAN, BROOKS**
 STREET ADDRESS **1722 IVALEA CIRCLE**
 CITY-ST-ZIP **NAVARRE FL 32566**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **TD**
 NAME **WENTWORTH, MITZIE**
 STREET ADDRESS **1739 IVALEA CIRCLE**
 CITY-ST-ZIP **NAVARRE FL 32566**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **CS D**
 NAME **SHEVAT, JERI**
 STREET ADDRESS **1774 IVALEA CIRCLE**
 CITY-ST-ZIP **NAVARRE FL 32566**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE **D**
 NAME **FRANKLIN, JOHN**
 STREET ADDRESS **1774 IVALEA CIRCLE**
 CITY-ST-ZIP **NAVARRE FL 32566**

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

BROOKS J TIMMERMAN Brooks Jr

3-17-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/98)