


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90011 043 ****61.25

DOCUMENT # N95000002983					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3368350	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		Zip Code
			FL		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>John Franklin</i>		Signature, typed or printed name of registered agent and title if applicable.		Date <i>2/20/04</i>	
		JOHN FRANKLIN		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRS	<input checked="" type="checkbox"/> Delete	TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOAGLAND, SHARON		NAME	SHANNON PERNIA	
STREET ADDRESS	1712 IVALEA CIRCLE		STREET ADDRESS	1144 IVALEA CIR	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEREDIA, BARBARA		NAME	STEVE SCHLAER	
STREET ADDRESS	1737 IVALEA CIR		STREET ADDRESS	1706 IVALEA CIR	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRCHGATTER, BETTE		NAME	KRISTEN DE THOMAS	
STREET ADDRESS	1702 IVALEA CIR		STREET ADDRESS	1749 IVALEA CIR	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENTWORTH, MITZIE		NAME		
STREET ADDRESS	1739 IVALEA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, TOM		NAME		
STREET ADDRESS	1718 IVALEA CIR		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, JOHN		NAME		
STREET ADDRESS	1774 IVALEA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
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: <i>John Franklin</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>2/20/04</i>	
		JOHN FRANKLIN		Daytime Phone # <i>(850) 939-7820</i>	