


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90296 026 ****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		
Zip	Country	Zip	Country	4. FEI Number 59-3368350	
7/ Obn f lboe!Beesf t t lpgDvesf ouSf hjt df e!Bhf ou			8/ Obn f lboe!Beesf t t lpgOf x ISf hjt df e!Bhf ou		
FRANKLIN, JOHN 1780 IVALEA CIRCLE NAVARRE, FL 32566			Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code		
9/ 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		: / Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		%/11 NbzICf l Beef elplG f t	
Nbl f di f dl qbzbcfn up Gpsjeb Ef qbsn f ou pg Tubf					
21/ OFFICERS AND DIRECTORS			22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERNIA, SHANNON		NAME	ANDREW C. EPSTEIN	
STREET ADDRESS	1144 IVALEA DR.		STREET ADDRESS	1735 IVALEA CIRCLE	
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	HORGAN, JOYCE		NAME	DEBRA COOK	
STREET ADDRESS	1772 IVALEA CIR		STREET ADDRESS	4440 SLEEPY HAMMOCK DR	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	MILTON, FL 32583	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALLER, DARRYL		NAME	CAROLYN SMITH	
STREET ADDRESS	1746 IVALEA CIR		STREET ADDRESS	1752 IVALEA CIRCLE	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETHOMAS, KRISTEN		NAME		
STREET ADDRESS	1749 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	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		
23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
T.J.HOBUSVF; <i>Joyce G. Horgan (Treasurer)</i>			4/10/06		850-936-8104
<small>T.HOBUSVFIBOELIZ OFEIP SIKS LDFE IOBN FFBT.HOCHIPGGDF SIPSSE 5FDUPS</small>			<small>Date</small>		<small>Daytime Phone #</small>

50011451



04102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3368350 Applied For Not Applicable

6/ Certificate of Status Desired %/86 Beejupobm Gf ISf r vj d e

Name	FRANKLIN, JOHN
Street Address (P.O. Box Number is Not Acceptable)	1780 IVALEA CIRCLE
City	GM
Zip Code	

SIGNATURE _____ DATE _____

Filing Fee Is \$61.25 Due by May 1, 2006 : / Election Campaign Financing Trust Fund Contribution. %/11 NbzICf l Beef elplG f t Nbl f di f dl qbzbcfn up Gpsjeb Ef qbsn f ou pg Tubf

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T.J.HOBUSVF; *Joyce G. Horgan (Treasurer)* 4/10/06 850-936-8104
T.HOBUSVFIBOELIZ OFEIP SIKS LDFE IOBN FFBT.HOCHIPGGDF SIPSSE 5FDUPS Date Daytime Phone #