

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002983

FILED
Jun 13, 2007
Secretary of State

Entity Name: IVALEA GARDENS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 5149
NAVARRE, FL 32566

New Principal Place of Business:

IVALEA CIRCLE
NAVARRE, FL 32566

Current Mailing Address:

P.O. BOX 5149
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3368350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANKLIN, JOHN
1780 IVALEA CIRCLE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EPSTEIN, ANDREW C
Address: 1735 1 VALEA CIR
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: HORGAN, JOYCE
Address: 1772 IVALEA CIR
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: SMALLER, DARRYL
Address: 1746 IVALEA CIR
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: COOK, DEBRA
Address: 4440 SLEEPY HAMMOCK DR
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: CONNOLLY, TOM
Address: 1718 IVALEA CIR
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: FRANKLIN, JOHN
Address: 1774 IVALEA CIRCLE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, CAROLYN J
Address: 1752 SEC IVALEA CIR
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN J. SMITH

SEC.

06/13/2007

Electronic Signature of Signing Officer or Director

_____ Date