

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90994 005 \*\*\*\*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**

11022746



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WADE, ISAAC</b> <b>1759 IVALEA CIRCLE</b> <b>NAVARRE FL 32566</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CUTHEN, AMY</b> <b>1720 IVALEA CIRCLE</b> <b>NAVARRE FL 32566</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRS</b> <b>TIMMERMAN, BROOKS</b> <b>1722 IVALEA CIRCLE</b> <b>NAVARRE FL 32566</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WENTWORTH, MITZIE</b> <b>1739 IVALEA CIRCLE</b> <b>NAVARRE FL 32566</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KOTY, LEE</b> <b>1785 IVALEA CIRCLE</b> <b>NAVARRE FL 32566</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANKLIN, JOHN</b> <b>1774 IVALEA CIRCLE</b> <b>NAVARRE FL 32566</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRS</b> <b>Sharon Hoagland</b> <b>1712 Ivalea circle</b> <b>Navarre, FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Barbara Heredia</b> <b>1737 Ivalea Cir</b> <b>Navarre FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bette Kirchgatter</b> <b>1702 Ivalea Cir</b> <b>Navarre FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Tom Connolly</b> <b>1718 Ivalea Cir</b> <b>Navarre, FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENN Shelton</b> <b>1789 Ivalea Cir</b> <b>Navarre, FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Richard Gromacki</b> <b>1784 Ivalea Cir</b> <b>Navarre, FL 32566</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

*Mitzi Wentworth*

(850) 936-9336

CR2E037 (10/02)