FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:18

DOCUMENT # 753388 (8)

1. Corporation Name

IVANHOE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 292735 DAVIE FL 33329-2735	P.O. BOX 292735 DAVIE FL 33329-2735

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1980
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2872815 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GURDAK, KIMBERLY A. 14931 FOXHEATH DR. FT. LAUDERDALE FL 33331	81 Name: Tami C. Wilson 82 Street Address (P.O. Box Number Is Not Acceptable): 15121 Saxon Circle North 83 84 City: Ft Lauderdale FL 85 Zip Code: 33331

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Tami C. Wilson Tami Wilson Treasurer 1/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	President - D	☒ Change ☐ Addition
NAME	KHURSHID, TANIG	1.2 NAME	Laurie Satanosky	
STREET ADDRESS	1520 TATENSHALL TRAIL	1.3 STREET ADDRESS	15100 Tatenshall Trail	
CITY-ST-ZIP	FT. LAUDERDALE, FL 0	1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33331	
TITLE	PD	2.1 TITLE	Vice President - D	☒ Change ☐ Addition
NAME	GILSON, DENNIS	2.2 NAME	John Giordano	
STREET ADDRESS	5201 HAWKHURST	2.3 STREET ADDRESS	541 Hawkhurst	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft Lauderdale, FL 33331	
TITLE	SD	3.1 TITLE	Secretary - D	☒ Change ☐ Addition
NAME	O'REILLY, DOEBORAH	3.2 NAME	Patricia Khurshid	
STREET ADDRESS	15101 SAXON CIRCLE N.	3.3 STREET ADDRESS	1520 Tatenshall Trail	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft Lauderdale FL 33331	
TITLE	TD	4.1 TITLE	Treasurer - D	☒ Change ☐ Addition
NAME	GURDAK, KIMBERLY	4.2 NAME	Tami Wilson	
STREET ADDRESS	14931 FOXHEATH DR.	4.3 STREET ADDRESS	15121 Saxon Circle N	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft Lauderdale FL 33331	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tami Wilson Tami Wilson 1/20/95 305-680-2984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer

0047330