

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004527

Entity Name: IVES DAIRY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 02, 2014
Secretary of State
CC2713399513**Current Principal Place of Business:**ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025**Current Mailing Address:**ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US**FEI Number:** 27-2844320**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLOUGHBY, JOANNE
C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US*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:** JOANNE WILLOUGHBY

04/02/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SZLAIFER, AMARILYS
Address ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name MCLENAN, ROGELIO
Address ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name PERSIA, VICTOR
Address ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title TREASURER
Name POULARD, VALERIE
Address ASSOCIATION SERVICES OF
 FLORIDA
 10112 TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title VP
Name CARVAJAL, LUIS
Address ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name ANAZA, OZOMA
Address ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name COOK, DERRICK
Address ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title SECRETARY
Name DE COLLAERT, MARIE
Address ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

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I hereby 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 all other like empowered.

SIGNATURE: AMARILYS SZLAIFER**PRESIDENT**

04/02/2014

Officer/Director Detail Continued :

Title DIRECTOR
Name LETHAM, LETHAM F
Address ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025