

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750969

FILED
Mar 26, 2009
Secretary of State

Entity Name: IVY HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14 FIRST STREET
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

14 FIRST STREET
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 59-2090931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNER, LYNN C
14 1ST ST SW
FORT WALTON BEACH, FL 32548 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: PD () Delete
Name: PHILLIPS, MICHAEL
Address: 14 1ST ST SE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TSD () Delete
Name: GARNER, LYNN
Address: 14 1ST ST SW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD () Delete
Name: GARNER, HOMER
Address: 14 1ST ST SW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: OSTERMAN, KATHY
Address: 14 1ST ST SW
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Change (X) Addition
Name: GARNER, HOMER
Address: 14 1ST ST SW
City-St-Zip: FORT WALTON BEACH, FL 32548

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: LYNN GARNER

TSD

03/26/2009

Electronic Signature of Signing Officer or Director

Date