

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

0001151

DOCUMENT # N00000008401

(LPA)

1. Entity Name
IVES DAIRY CONDO ASSOCIATION, INC.

07-24-2001 90041 027 ****61.25

Principal Place of Business
20193 NE 16 PLACE
MIAMI FL 33179

Mailing Address
20193 NE 16 PLACE
MIAMI FL 33179

880 Somerset
DAVE, FL 33325



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
880 Somerset Ave
 Suite, Apt. #, etc.

City & State
DAVE, FL

4. FEI Number
65-1083824

Applied For
 Not Applicable

Zip
33325

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HOLT, SYLVIA
20193 NE 16 PLACE
MIAMI FL 33179

880 Somerset Ave
DAVE, FL 33325

7. Name and Address of New Registered Agent
 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.

SIGNATURE *Sylvia Holt* DATE **7-20-01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCALPIN, RON	
STREET ADDRESS	20193 NE 16 PLACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICKERSON, PAM	
STREET ADDRESS	20193 NE 16 PLACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLT, SYLVIA	
STREET ADDRESS	20193 NE 16 PLACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME	<i>Holt, Sylvia</i>	
STREET ADDRESS	<i>20193 NE 16 Place</i>	
CITY-ST-ZIP	<i>Miami, FL 33179</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holt, Ritchie	
STREET ADDRESS	20193 NE 16 PL	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Sylvia Holt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-01 954-424-9867

CR2E037 (10/00)