

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009367

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** IVAN I TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

431 NW 40 CT  
OAKLAND PARK, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1901 HARRISON ST  
STE 7  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

2501 NE 48 ST  
LIGHTHOUSE POINT, FL 33064 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BELEN, GASTON F  
1901 HARRISON ST  
STE 7  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

BELEN, GASTON F  
160 SW 6 CT  
POMPAÑO BEACH, FL 33060 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: GASTON BELEN

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SUJOY, MARIO E  
Address: 2501 NE 48TH ST  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: D ( ) Delete  
Name: SUJOY, IVAN  
Address: 5504 COURTNEY CIR  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: D ( ) Delete  
Name: BELEN, GASTON F  
Address: 4301 SW 160 AVE APT 103  
City-St-Zip: MIRAMAR, FL 33027 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: GASTON BELEN

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date