

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37112

1. Corporation Name

IVES ESTATES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

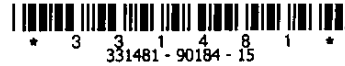
1111 NE 201 TERRACE
NORTH MIAMI BEACH FL 33179
US

Mailing Address

1111 NE 201 TERRACE
NORTH MIAMI BEACH FL 33179
US

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90184 015 ****61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

03/15/1990

4. FEI Number

65-0183694

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SBRISSA, SHARON
1190 NE 200TH TER
N MAIMI BEAHC FL 33179

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SBRISSA, SHARON
STREET ADDRESS 1190 NE 200TH TERR
CITY-ST-ZIP N MIAMI BEACH FL

DELETE

TITLE VD
NAME KING, LOUISE K
STREET ADDRESS 1111 NE 201ST TERR
CITY-ST-ZIP N MIAMI BEACH FL

DELETE

TITLE VD
NAME TRACY, BILL
STREET ADDRESS 1275 NE 199 ST
CITY-ST-ZIP N MIAMI BEACH FL

DELETE

TITLE SD
NAME BOYD, ALISON
STREET ADDRESS 19665 NE 12 AVE
CITY-ST-ZIP N MIAMI BEACH FL

DELETE

TITLE TD
NAME PENTA, JEAN
STREET ADDRESS 1110 NE 201 TERRACE
CITY-ST-ZIP N MIAMI BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1999

305-651-0287

Date

Daytime Phone #

CR2E037 (1/1/98)