

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 09, 2004, 08:00 AM
Secretary of State

DOCUMENT # N37112

1. Entity Name
IVES ESTATES COMMUNITY ASSOCIATION, INC.



Principal Place of Business
1190 NE 200 TERRACE
MIAMI, FL 33179 US

Mailing Address
1190 NE 200 TERRACE
MIAMI, FL 33179 US



02032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SBRISIA, SHARON
STREET ADDRESS	1190 NE 200TH TERR
CITY - ST - ZIP	N MIAMI BEACH, FL
TITLE	VD
NAME	BURNETTE, SCOTT
STREET ADDRESS	1410 NE 199 ST
CITY - ST - ZIP	N MIAMI BEACH, FL
TITLE	SD
NAME	PERRY, PEG
STREET ADDRESS	1131 NE 211 TERR
CITY - ST - ZIP	N MIAMI BEACH, FL
TITLE	TD
NAME	ROARK, MADGE
STREET ADDRESS	1100 NE 199TH TERRACE
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	CSP
NAME	BEYER, ALBERTA
STREET ADDRESS	1121 NE 214 ST
CITY - ST - ZIP	N MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/09/04-80098-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year