

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48130

FILED
Apr 09, 2007
Secretary of State

Entity Name: ST. IVES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

431 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-3124105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
431 WAVERLY ROAD
TALLAHASSEE, FL 32312 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: DP () Delete
Name: BURDACK, LARA
Address: 5355 ST. IVES LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT () Delete
Name: BURLISON, CAROL
Address: 5345 ST. IVES LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS () Delete
Name: TUCKER, KATIE
Address: 5335 ST. IVES LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP () Delete
Name: DAUGHTRY, LARK
Address: 5278 ST. IVES LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: EASON, DOROTHY
Address: 5351 ST IVES LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BRINKMAN, TRISHA
Address: 5322 ST. IVES LANE
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: DACP (X) Change () Addition
Name: GASSETT, CRAIG
Address: 5296 ST. IVES LANE
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: DS (X) Change () Addition
Name: EASON, DOROTHY
Address: 5351 ST IVES LANE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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: TRISHA BRINKMAN

DP

04/09/2007

Electronic Signature of Signing Officer or Director

Date