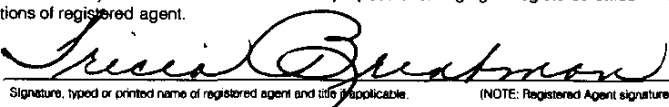


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90028 022 ****61.25

DOCUMENT # N48130 1. Entity Name ST. IVES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 431 WAVERLY ROAD TALLAHASSEE, FL 32312 US				Mailing Address 431 WAVERLY ROAD TALLAHASSEE, FL 32312 US	
2. Principal Place of Business - No P.O. Box # ST. IVES HOMEOWNERS' ASSOCIATION		3. Mailing Address 2910 KERLY FOREST PARKWAY			
Suite, Apt. #, etc. D4-203		Suite, Apt. #, etc. D4-203			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL			
Zip 32309		Country US		4. FEI Number 59-3124105	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ISAACS, DAN L 431 WAVERLY ROAD TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name TRICIA BRINKMAN Street Address (P.O. Box Number is Not Acceptable) 5322 ST. IVES LANE City TALLAHASSEE FL Zip Code 32309		
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  DATE 3/22/08 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRINKMAN, TRISHA 5322 ST. IVES LANE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURLISON, CAROL 5345 ST. IVES LANE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DACP GASSETT, CRAIG 5296 ST. IVES LANE TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAUGHTRY, LARK 5278 ST. IVES LANE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EASON, DOROTHY 5351 ST IVES LANE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP/T ANGELA BARATTA 5288 ST. IVES LANE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  DATE 3/22/08 850-321-4789 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		