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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N93000003861 (2)
1. Corporation Name

IVANHOE WOODS HOMEOWNERS' (PROPERTY OWNERS') ASS OCIATION, INC.

Principal Place						K(1 20 1 Katas Iliat	
Principal Place of Business		Mailing Address				 	
3726 THOMASVILLE ROAD TALLAHASSEE FL 32312			3726 THOMASVILLE ROAD				
FALLAHASSE	EE FL 32312	TALLAHASSEE FL (32312				
					 Date Incorporated or Qualified 08/26/1993 	3a. Date of La 06/28	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26			59-3198505		Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc.	-		5. Certificate of Status Desired	1 1 7 -	75 Additional e Required
City & State	e	City & State			6. Election Campaign Financing	\$5	.00 May Be
:3		28			Trust Fund Contribution	1 1	ded to Fees
Zip ⊶	Country	Zφ	Cou	ntry	8. This corporation has liability for in		s. 199.032,
4]	9. Name and Address of Currer	29 29 Acent	30	·		Yes No	
	g. Name and Address of Curren	nt registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	
0111000	B51111111111			Name			
	, BENJAMIN K			82 Street Ade	tress (P.O. Box Number is Not Acceptable	e)	
	IOMASVILLE RD.		}	83			
IALLAH	ASSEE FL 32312		ļ				
*,				84 City		FL 85	Zip Code
11. Cursuant t	to the provisions of Sections 61 (150)	2 and 617 1508 Florida Sta	thutes the sho	ue-pagged corpy	cration submits this statement for the pure		a raniatored office
o) register	red agent, or both, in the State of Tori	da. Such change was auth	orized by the o	orporation's bo	oration submits this statement for the purp and of directors. I hereby accept the appoi	ntment as register	ed agent. I am
1530 Million Avi.	m, and addept the obligations by Sect	uon 617.0003, Fiorida Statu	Hes.				
SIGNATIVRE .	Signature types on a find name of the move agen	t and title if applicable	(NOTE: Registered	Agent signature remain	rad when reinstating	DATE	
		tand title if applicable ID DIRECTORS	(NOTE: Registered	Agent signature reijuii		DATE OF RS AND DIRECT	ORS IN 12
12.					ed when renstating" ADOITTIONS/CHANGES TO OFFIC		
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4. To nereby certify that the information supplied with this fling is viplinitarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information in-licated on this family/report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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. 3 if changed, of on an attactioned with an address.

SIGNATURE:

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 February 1996 904-122-7000 Dayrine Proce 1

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