


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000003861</b>		
1. Entity Name <b>IVANHOE WOODS HOMEOWNERS' (PROPERTY OWNERS') ASSOCIATION, INC.</b>		

Principal Place of Business <b>2000 THIRLESTANE TALLAHASSEE FL 32309</b>	Mailing Address <b>2000 THIRLESTANE TALLAHASSEE FL 32309</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	Country	Country
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MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**

<b>BENJAMIN, PHIPPS K 2000 THIRLESTANE RD. TALLAHASSEE FL 32309</b>
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**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	PHIPPS, BENJAMIN K	
STREET ADDRESS	2000 THIRLESTANE RD.	
CITY - ST - ZIP	TALLAHASSEE FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, HALLEY	
STREET ADDRESS	2305 THIRLESTANE RD	
CITY - ST - ZIP	TALLAHASSEE FL 32309	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, JUDY	
STREET ADDRESS	2305 THIRLESTONE ROAD	
CITY - ST - ZIP	TALLAHASSEE FL 32309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000023269	
CITY - ST - ZIP	02/02/04-80019-020 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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:** \_\_\_\_\_ **27 Jan 04 (650) 222-7000**