

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

07 JUN 21 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RES

DOCUMENT # N93000003861

1. Entity Name
IVANHOE WOODS HOMEOWNERS' (PROPERTY
OWNERS') ASSOCIATION, INC.



Principal Place of Business
2000 THIRLESTANE
TALLAHASSEE, FL 32309

Mailing Address
2000 THIRLESTANE
TALLAHASSEE, FL 32309



06192007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3198505

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BENJAMIN, PHIPPS K
2000 THIRLESTANE RD.
TALLAHASSEE, FL 32309

**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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHIPPS, BENJAMIN K
STREET ADDRESS	2000 THIRLESTANE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D
NAME	LEWIS, HALLEY
STREET ADDRESS	2305 THIRLESTANE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D
NAME	LEWIS, JUDY
STREET ADDRESS	2305 THIRLESTONE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400104884154
06/26/07--01037--022 **\$1.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 June 2007

Date

850-222-7000

Daytime Phone #