

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90072 041 ****61.25

DOCUMENT # N93000003861

1. Entity Name

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



Principal Place of Business

3726 THOMASVILLE ROAD
TALLAHASSEE FL 32312

Mailing Address

3726 THOMASVILLE ROAD
TALLAHASSEE FL 32312

2. Principal Place of Business

2000 THIRLESTANE

Suite, Apt. #, etc.

3. Mailing Address

2000 THIRLESTANE

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee

Zip

Country

32309

Zip

Country

32309

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3198505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

2000 THIRLESTANE RD Y
3726 THOMASVILLE RD.
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name: PHIPPS BENJAMIN K
Street Address (P.O. Box Number is Not Acceptable): 2000 THIRLESTANE ROAD
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: BENJAMIN K PHIPPS, Director

13 Jan 03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	PHIPPS, BENJAMIN K	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		3726 THOMASVILLE RD.	
CITY-ST-ZIP		TALLAHASSEE FL 32312	
TITLE	D	LEWIS, HALLEY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2305 THIRLESTANE RD	
CITY-ST-ZIP		TALLAHASSEE FL	
TITLE	D	LEWIS, JUDY	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		2305 THIRLESTONE ROAD	
CITY-ST-ZIP		TALLAHASSEE FL	
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	N/C	<input checked="" type="checkbox"/> Correction <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2000 Thirlestane Road	
CITY-ST-ZIP	N/C 32309	
TITLE		<input checked="" type="checkbox"/> Correction <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32309	
TITLE		<input checked="" type="checkbox"/> Correction <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32309	
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)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

13 January 2003

CR2E037 (10/02)