

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004396 (8)

1. Corporation Name

IVY RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619

Mailing Address

1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619

3. Date Incorporated or Qualified
09/29/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3207374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNETT, FREDERICK J
1700 MCMULLEN BOOTH RD
SUITE C-3
CLEARWATER FL 34619

81. NEWBRIGHT, LENNARD

82. Street Address (P.O. Box Number is Not Acceptable)
1700 McMullen Booth Road

83. Suite C-3

84. Clearwater, FL

FL

85. 34619

11. Pursuant to the provisions of Sections 617.0502 and 617.0509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE

Signature of registered agent and State of Florida

(NOTE: Registered Agent signature required when reappointing)

DATE

3/16/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, DAVID J	
STREET ADDRESS	2500 VILLAGE CENTER DR.	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, FREDERICK J	
STREET ADDRESS	2500 VILLAGE CENTER DR.	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEND, ROBERT M	
STREET ADDRESS	2500 VILLAGE CENTER DR.	
CITY-ST-ZIP	PALM HARBOR FL 34685	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHOWALTER, William	
1.3 STREET ADDRESS	4308 Wheatland Way	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ELLIS, Phil	
2.3 STREET ADDRESS	4393 Wheatland Way	
2.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Greenfield, Joyce	
3.3 STREET ADDRESS	4411 Wheatland Way	
3.4 CITY-ST-ZIP	palm harbor, fl 34685	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Connolly, James	
4.3 STREET ADDRESS	4319 Lavender Drive	
4.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Reed, Debra	
5.3 STREET ADDRESS	4373 Lavender Drive	
5.4 CITY-ST-ZIP	Palm Harbor, FL 34685	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this Annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M. Showalter, President

3/16/96

Date

Daytime Phone

(813) 942-3370

CR2E037 (12/95)