

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90057 044 ****61.25

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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**

160207 90057 44



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/29/1993

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

9. Name and Address of Current Registered Agent

**LEIGHTON, LENNARD
1700 MCMULLEN BOOTH ROAD
SUITE C-3
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME SHOWALTER, WILLIAM
STREET ADDRESS 4308 WHEATLAND WAY
CITY-ST-ZIP PALM HARBOR FL

TITLE D
NAME FERENCHIK, CYNTHIA
STREET ADDRESS 4301 LAVENDAR DRIVE
CITY-ST-ZIP PALM HARBOR FL

TITLE DT
NAME CONNOLLY, JAMES
STREET ADDRESS 4319 LAVENDER DRIVE
CITY-ST-ZIP PALM HARBOR FL

TITLE D
NAME REED, DEBRA
STREET ADDRESS 4373 LAVENDER DRIVE
CITY-ST-ZIP PALM HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SD
1.3 STREET ADDRESS SHOWALTER, WILLIAM
1.4 CITY-ST-ZIP 4308 WHEATLAND WAY
PALM HARBOR FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME PD
4.3 STREET ADDRESS WINGATE, DANIELLE
4.4 CITY-ST-ZIP 4300 WHEATLAND WAY
PALM HARBOR FL

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME D
5.3 STREET ADDRESS ELLIS, JOHN
5.4 CITY-ST-ZIP 3573 FLORIAN TERR
PALM HARBOR FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)