## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # N93000004396 IVY RIDGE HOMEOWNERS ASSOCIATION, INC. 05-17-2000 90849 011 \*\*\*\*61.25 Principal Place of Business Mailing Address 325 SOUTH BOULEVARD 325 SOUTH BOULEVARD TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 59-3207374 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Adc HANSON, JACK 325 SOUTH BLVD. TAMPA, FL 33606 Code gove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 9. Election Campaign Financing Make Check Payable to **FILE NOW** \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ALLEN JOHNSON Change ☐ Addition TITLE TITLE Delete 4320 LAVENDER DRIVE NAME NAME SHOWALTER, WILLIAM STREET ADDRESS PALM HARBOR, FL STREET ADDRESS 4308 WHEATLAND WAY CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL TITLE Change ☐ Addition X Delete HAIGHTS, DONALD TIT! F NAME NAME FERENCHIK, CYNTHIA 3596 FLORIAN TERR STREET ADDRESS STREET ADDRESS 4301 LAVENDAR DRIVE PALM\_HARBOR, FL CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL Change CONNOLLY, JIM ☐ Addition ☐ Delete TITLE TITLE DT 4319 LAVENDER DRIVE NAME CONNOLLY, JAMES NAME PALM HARBOR, FL STREET ADDRESS STREET ADDRESS 4319 LAVENDER DRIVE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL TITLE K Change ☐ Addition PD □ Delete TITLE WINGATE, DANIELLE NAME NAME WINGATE, DANIELLE 4300 WHEATLAND WAY STREET ADDRESS STREET ADDRESS 4300 WHEATLAND WAY PALM HARBOR, FL CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL Change **⊠** Delete TITLE ☐ Addition PIETRZAK, CATHY

12. I hereby certify that the information supplied with this filling 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

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST-7IP

CITY-ST-ZIP

SIGNATURE:

ELLIS, JOHN

3573 FLORIAN TERR

PALM HARBOR FL

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

PALM HARBOR, FL

4308 WHEATLAND WAY 3545 FlorianTerra

Daytime Phone

Change

☐ Addition