

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM****Secretary of State****DOCUMENT # N93000004396**1. Entity Name
IVY RIDGE HOMEOWNERS ASSOCIATION, INC.Principal Place of Business
325 SOUTH BLVD.
TAMPA FL 33606
Mailing Address
325 SOUTH BLVD.
TAMPA FL 336062. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3207374Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**LEIGHTON LENNARD
325 SOUTH BLVD
TAMPA FL 33606 US**7. Name and Address of New Registered Agent**Name
HANSON JACK B
Street Address (P.O. Box Number is Not Acceptable)
325 SOUTH BLVD
City
TAMPA FL Zip Code
33606

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.

SIGNATURE **JACK B. HANSON****04/25/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34685
P	PIETRZAK CATHY	3545 FLORIAN TERR.	PALM HARBOR	FL	34685
VD	WINGATE DANIELLE	4300 WHEATLAND WAY	PALM HARBOR	FL	34685
T	CONNOLLY JAMES	4319 LAVENDER DRIVE	PALM HARBOR	FL	34685
D	HAIGHTS DONALD	3596 FLORIAN TERR.	PALM HARBOR	FL	34685
S	JOHNSON ALLEN	4320 LAVENDER DR	PALM HARBOR	FL	34685

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	34685
D	PIETRZAK CATHY	3545 FLORIAN TERR.	PALM HARBOR	FL	34685
DS	BRUNETTI DEBBIE	3545 HALBERT DRIVE	PALM HARBOR	FL	34685
DVP	WILFORD WAYNE	3548 FLORIAN TERRACE	PALM HARBOR	FL	34685
DT	HAIGHTDVP DONALD	3596 FLORIAN TERR.	PALM HARBOR	FL	34685
DP	JOHNSON ALLEN	4320 LAVENDER DR	PALM HARBOR	FL	34685

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ALLEN JOHNSON**DP****04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)