

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004396

FILED
Mar 24, 2004
Secretary of State**Entity Name:** IVY RIDGE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3974 TAMPA ROAD
B
OLDSMAR, FL 34677**New Principal Place of Business:****Current Mailing Address:**PO BOX 2157
OLDSMAR, FL 34677**New Mailing Address:****FEI Number:** 59-3207374**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HANSON, JACK B
3974 TAMPA ROAD
B
OLDSMAR, FL 34677 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: CUNNINGHAM, GENE
Address: 4358 WHEATLAND WAY
City-St-Zip: PALM HARBOR, FL 34685**Title:** DVP () Delete
Name: HAIGHT, DON
Address: 3596 FLORIAN TERR.
City-St-Zip: PALM HARBOR, FL 34685**Title:** DS () Delete
Name: WILFORD, WAYNE
Address: 3548 FLORIAN TERRACE
City-St-Zip: PALM HARBOR, FL 34685**Title:** DT () Delete
Name: VANSCHOY, ED
Address: 3561 FLORIAN TERRACE
City-St-Zip: PALM HARBOR, FL 34685**Title:** D () Delete
Name: PIETRZAK, CATHY
Address: 3545 FLORIAN TERR.
City-St-Zip: PALM HARBOR, FL 34685**Title:** DD () Delete
Name: JOHNSON, AL
Address: 4320 LAVENDER DRIVE
City-St-Zip: PALM HARBOR, FL 34685**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE CUNNINGHAM

DP

03/24/2004

Electronic Signature of Signing Officer or Director

Date