## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004396

Apr 17, 2009 Secretary of State

Entity Name: IVY RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3527 PALM HARBOR BLVD PALM HARBOR, FL 34683

**Current Mailing Address: New Mailing Address:** 

3527 PALM HARBOR BLVD. PALM HARBOR, FL 34683

FEI Number: 59-3207374 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANSON, JACK B MELROSÉ-SOVEREIGN COMPANIES 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 US

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition HAIGHT, DON WILFORD, WAYNE Name: Name: 3596 FLORIAN TERRACE Address: 3548FLORIAN TERRACE Address:

City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

Title: SD Title: S/TD (X) Change ( ) Addition ( ) Delete

WOOD, DON Name: VANSCOY, ROBIN Name: Address: 4301 LAVENDER DR Address: 3561 FLORIAN TERRACE City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

Title: () Delete Title: VPD (X) Change ( ) Addition

VANSCOY, ROBIN CATTEL, J D Name: Name:

3561 FLORIAN TERRACE Address: Address: 4338 WHEATLAND WAY City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685

Title: VPD (X) Delete Title: () Change () Addition

Name: WILFORD, WAYNE Name: Address: 3548 FLORIAN TERRACE Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

HUBER, PETER Name: Name: 4486 LAVENDER DR Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WAYNE WILFORD Ρ 04/17/2009