


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001505 (5)**  
1. Corporation Name

**IVEY GREEN RESIDENT COUNCIL ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
<b>2014 W. 17TH COURT RIVIERA BEACH FL 33404</b>	<b>2014 W. 17TH COURT RIVIERA BEACH FL 33404</b>

3. Date Incorporated or Qualified

**03/30/1995**

4. FEI Number

**65-0582443**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEUTHKE, BONITA  
2014 W. 17TH COURT  
RIVIERA BEACH FL 33404**

81 Name

**MARIAN BACON WHITE**

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

**2014 WEST 17TH COURT**

83

84 City

**RIVIERA BEACH**

FL

85 Zip Code

**33404**

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

*Marian B. White*

**MARIAN B. WHITE**

**04/09/98**

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>LYONS, LELA</b>	
STREET ADDRESS	<b>2003 WEST 17TH CT., #312</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WILLIAMS, EARNESTINE</b>	
1.3 STREET ADDRESS	<b>1981 W. 17TH COURT #6</b>	
1.4 CITY-ST-ZIP	<b>RIVIERA BEACH, FL 33404</b>	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUNTER, CHRISTINE</b>	
STREET ADDRESS	<b>2003 WEST 17TH CT., #310</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>RANDELL, SONYA</b>	
2.3 STREET ADDRESS	<b>2015 W. 17TH COURT #2</b>	
2.4 CITY-ST-ZIP	<b>RIVIERA BEACH, FL 33404</b>	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>FIELDS, NINA</b>	
STREET ADDRESS	<b>2003 WEST 17TH CT., #216</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>	

3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DEBROSSE, MARIE</b>	
3.3 STREET ADDRESS	<b>2015 W. 17TH COURT #5</b>	
3.4 CITY-ST-ZIP	<b>RIVIERA BEACH, FL 33404</b>	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, EARNESTINE</b>	
STREET ADDRESS	<b>1981 W. 17TH COURT #6</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	

4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MITCHELL, VIVIAN</b>	
4.3 STREET ADDRESS	<b>2001 W. 17TH COURT #2</b>	
4.4 CITY-ST-ZIP	<b>RIVIERA BEACH, FL 33404</b>	

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>JOSEPH, MARJORIE</b>	
STREET ADDRESS	<b>2003 W. 17TH COURT #211</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Earneistine Williams* **Earneistine Williams** 4/9/98 561.840.6540

CP2E037 (10/97)