

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90027 035 ****61.25

DOCUMENT # N97000002546

1. Entity Name

IVY POINTE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

**9051 TAMiami TRAIL NORTH, STE 202
 NAPLES FL 34108**

Mailing Address

**9051 TAMiami TRAIL NORTH, STE 202
 NAPLES FL 34108**

532465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**24860 Buent Pine Dr.
 Suite, Apt. #, etc.**

3. Mailing Address

**24860 Buent Pine Dr.
 Suite, Apt. #, etc.**

City & State

**DOWITA Springs, FL
 Zip 34134 Country U.S.**

City & State

**DOWITA Springs, FL
 Zip 34134 Country U.S.**

4. FEI Number

65-0805016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PEEPLES, C. PERRY
 8889 PELICAN BAY BLVD., STE 300
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **FRASCO, JOHN**
 CITY-ST-ZIP **9051 TAMiami TRAIL NORTH, STE 202
 NAPLES FL 34108**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DAVIS, PAULA**
 CITY-ST-ZIP **9051 TAMiami TRAIL NORTH, STE 202
 NAPLES FL 34108**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MUELLER, JUNE**
 CITY-ST-ZIP **9051 TAMiami TRAIL NORTH, STE 202
 NAPLES FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **24860 Buent Pine Drive**
 CITY-ST-ZIP **DOWITA Springs, FL 34134**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **24860 Buent Pine Drive**
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula J. Davis Pres

1-26-01

941-498-4560

Date

Daytime Phone #

CR2E037 (10/00)