NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
03-25-2002 90038 039 ****61.25

DOCUMENT # N 97000002546

1. Entity Name
IVY POINTE HOMEOWNER'S ASSOCIATION, INC.

[redacted] 28105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
187 Forest Lakes Blvd.	187 Forest Lakes Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34105 Country: Collier	Zip: 34105 Country: Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0805016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Robert T. Gracey
Street Address (P.O. Box Number is Not Acceptable): 187 Forest Lakes Blvd.
City: Naples FL Zip Code: 34105

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: Robert T Gracey ROBERT T. GRACEY 4/4/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	DP
NAME	Spratt, David
STREET ADDRESS	1785 Ivy Pointe Ct.
CITY-ST-ZIP	Naples, FL 34109
TITLE	DT
NAME	Crissman, Samuel
STREET ADDRESS	1845 Ivy Pointe Ct.
CITY-ST-ZIP	Naples, FL 34109
TITLE	DS
NAME	Falvo, Louis A. Jr.
STREET ADDRESS	1768 Ivy Pointe Ct.
CITY-ST-ZIP	Naples, FL 34109
TITLE	D
NAME	Christman, Robert
STREET ADDRESS	1850 Ivy Pointe Ct.
CITY-ST-ZIP	Naples, FL 34109
TITLE	D
NAME	Soggs, John W.
STREET ADDRESS	1790 Ivy Pointe Ct.
CITY-ST-ZIP	Naples, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[redacted]

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: David L Spratt David L Spratt 3/9/02 9415931134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #