


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90306 038 ****61.25

DOCUMENT # N97000002546

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



Principal Place of Business
**187 FOREST LAKES BLVD.
 NAPLES, FL 34105**

Mailing Address
**187 FOREST LAKES BLVD.
 NAPLES, FL 34105**

J4UJJ00J



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04042004 · Chg-NP CR2E037 (10/03)

City & State

Zip Country

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

**GRACEY, ROBERT T
 187 FOREST LAKES BLVD.
 NAPLES, FL 34105**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, NOREEN	
STREET ADDRESS	1798 IVY POINTE CT.	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHERWOOD, ALICE	
STREET ADDRESS	1793 IVY POINTE CT.	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FALVO, LOUIS A JR.	
STREET ADDRESS	1768 IVY POINTE CT.	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CHRISTMAN, ROBERTT	
STREET ADDRESS	1850 IVY POINTE CT.	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SOGGS, JOHN W	
STREET ADDRESS	1790 IVY POINTE CT.	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERT, GRACEY	
STREET ADDRESS	187 FOREST LAKES BLVD.	
CITY-ST-ZIP	NAPLES, FL 34105	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>BORGIDA CHESTER</i>	
STREET ADDRESS	<i>1830 IVY POINTE CT.</i>	
CITY-ST-ZIP	<i>NAPLES, FL 34109</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Gracey **4/16/04** **239.649.5667**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #