2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N97000002546

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

Current Principal Place of Business:

C/O MOORE PROPERTY MGMT
745 12TH AVE S #AA
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

C/O MOORE PROPERTY MGMT
745 12TH AVE S #AA
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0805016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE S #AA
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: CHRISTMANN, ROBERT
Address: 1850 IVY POINTE CT
City-St-Zip: NAPLES, FL 34109

Title: P ( ) Delete
Name: BOSWELL, L. BLAINE
Address: 1817 IVY POINTE COURT
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete
Name: FLICK, JAMES J
Address: 1830 IVY POINTE CT.
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete
Name: FROELICH, LINDA
Address: 1849 IVY POINTE COURT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: L. BLAINE BOSWELL P 04/23/2009

Electronic Signature of Signing Officer or Director — Date