

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002546

Entity Name: IVY POINTE HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**C/O MOORE PROPERTY MGMT
5603 NAPLES BLVD.
NAPLES, FL 34109**Current Mailing Address:**C/O MOORE PROPERTY MGMT
5603 NAPLES BLVD.
NAPLES, FL 34109**FEI Number:** 65-0805016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE PROPERTY MANAGEMENT, LLC
5603 NAPLES BLVD.
NAPLES, FL 34109 US*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:** GRAHAM NORCOMBE

04/27/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FRICK, ERIC
Address C/O MOORE PROPERTY MGMT
5603 NAPLES BLVD.
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name SIDERIO, JOSEPH
Address C/O MOORE PROPERTY MGMT
5603 NAPLES BLVD.
City-State-Zip: NAPLES FL 34109

Title TREASURER
Name MOFFATT, DON
Address C/O MOORE PROPERTY MGMT
5603 NAPLES BLVD.
City-State-Zip: NAPLES FL 34109

Title PRESIDENT
Name COOPER, RUSSELL
Address C/O MOORE PROPERTY MGMT
5603 NAPLES BLVD.
City-State-Zip: NAPLES FL 34109

Title SECRETARY
Name WINKLER, DAVID
Address C/O MOORE PROPERTY MGMT
5603 NAPLES BLVD.
City-State-Zip: NAPLES FL 34109

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL COOPER

PRESIDENT

04/27/2025

Electronic Signature of Signing Officer/Director Detail

Date