

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717855 (1)

1. Corporation Name
IDLEWYLD IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business: 608 POINCIANA DR. FORT LAUDERDALE FL 33301
Mailing Address: 608 POINCIANA DR. FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 01/09/1970
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business: 21 715 Poinciana Drive, 22 Fort Lauderdale, 23 Florida, 24 Zip 33301
2a. Mailing Address: 26 715 Poinciana Drive, 27 Fort Lauderdale, 28 Florida, 29 Zip 33301

4. FEI Number: 59-2476224
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SUROVEK, HELEN C.
608 POINCIANA DR.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name: Piccirilli, Nina
82 Street Address (P.O. Box Number is Not Acceptable): 833 Idlewyld Drive
83 City: Fort Lauderdale
84 City: FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Nina Piccirilli, Secretary PD DATE: 5-1-96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUROVEK, HELEN C.	
STREET ADDRESS	608 POINCIANA DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERSTIK, KAREN	
STREET ADDRESS	615 POINCIANA DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEPHENSON, KATHRYN A.	
STREET ADDRESS	347 POINCIANA DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JORDAN, THOMAS	
STREET ADDRESS	412 POINCIANA DR.	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Piccirilli, Nina	
13 STREET ADDRESS	833 Idlewyld Drive	
14 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
21 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	same as last yr.	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	AHass, Sally	
33 STREET ADDRESS	715 Poinciana Drive	
34 CITY-ST-ZIP	Fl. Lauderdale, FL 33301	
41 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Hilmer, Anne	
43 STREET ADDRESS	621 Idlewyld Drive	
44 CITY-ST-ZIP	Fl. Lauderdale, FL 33301	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sally Ahass, T.D. Date: May 1, 1996 (954) 522-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Sally Ahass, T.D. Daytime Phone #

CR2E037 (12/95)