

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717855** (1)  
1. Corporation Name  
**IDLEWYLD IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business <b>215 POINCIANA DRIVE FT. LAUDERDALE FL 33301 US</b>	Mailing Address <b>715 POINCIANA DRIVE FT. LAUDERDALE FL 33301-2709 US</b>
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3. Date Incorporated or Qualified <b>01/09/1970</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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4. FEI Number <b>59-2476224</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PICIRILLI, NINA  
833 IDLEWYLD DRIVE  
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PICIRILLI, NINA</b>	
STREET ADDRESS	<b>833 IDLEWYLD DRIVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HERSTIK, KAREN</b>	
STREET ADDRESS	<b>615 POINCIANA DR.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HILMER, ANNE</b>	
STREET ADDRESS	<b>621 IDLEWYLD DRIVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Treasurer,</b>
4.3 STREET ADDRESS	<b>Atlas, Sally</b>
4.4 CITY-ST-ZIP	<b>715 Poinciana Dr.</b>
	<b>FT. LAUDERDALE, FL.</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Judy Atlas (Sally Atlas)* 3/31/97 (954) 522-4122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035252

CR2E037 (9/96)