FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

26 2606 Acacia Court

DOCUMENT # 717855

1. Corporation Name

IDLEWYLD IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business 215 POINCIANA DRIVE FT. LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

715 POINCIANA DRIVE FT. LAUDERDALE FL 33301

2a. Mailing Address

Suite, Apt. #, etc.

US

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90023 026 ****61.25



Applied For

3. Date Incorporated or Qualifed

01/09/1970 4. FEI Number

22		27			59-2476224		Not	Applicable	
City & State	e	City & State			5 Cartifactor of Status Desires	d 🗆	\$8.75 Ad	dditional	
23		28 Ft. Laurerd	ale.	FL	Certifcate of Status Desired	,	Fee Req	uired	
Zip	Country	Zip	Country	,	6. Election Campaign Financi	ing	\$5.00 M	May Be	
24	25	29 33301 3	0 U	5	Trust Fund Contribution		Added to	Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name AN	DREA KESSLER			}	
PICIRILLI, NINA				82 Street Address (P.O. Box Number is Not Acceptable)					
833 IDLEWYLD DRIVE				ONE FINANCIAL PLAZA, 17 FLOOR					
FORT LAUDERDALE FL 33301				FO	RT LAUDERDALE FL	33394			
TOTAL PROPERTY COSSOT				City			85 Zip Co	ode	
			84	,		FL			
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, applications of, Section 617.0503, Florida Statutes.									
signature will, and accept the obligations of section of 1.000, Fortild Statutes.									
Signature, typed or printed name of registered agent and utle if applicable (NOTE: Registered Agent signature required when reinstating) OATE									
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO				
TITLE	PD	☑ DELETE	1,1 TITLE	P		_	_ Change	Addition	
NAME	PICIRILLI, NINA		12 NAME		IROVEK, HELEN	NO 1116			
STREET ADDRESS	833 IDLEWYLD DRIVE		13 STREE	TADDRESS 6	08 POINCIANA D T. LAUDERDALE,	JKIVE 1776	100		
CITY-ST-ZIP	FT. LAUDERDALE FL		14 CITY-5	ST-ZIP F7	r. LAUDERDALE,	<u>FL 335</u>	\mathcal{V}_{1}		
TITLE	SD	☑ DELETE	2 1 TITLE	•	~		_ Change	Addition	
NAME	HERSTIK, KAREN		22 NAME	l H	ERHOLD, MARY	JO			
STREET ADDRESS	615 POINCIANA DR.		2.3 STREE	TADDRESS 2	609 ALAMANDA	+ COURT			
CITY-ST-ZIP	FT. LAUDERDALE FL		2 4 CITY-	ST-ZIP	T. LAUDERDALE	<u>,FL 33</u>	<u> 301 </u>		
TITLE	VD	☑ DELETE	3 1 TITLE	V	1)		☐ Change	∕Addition	
NAME	HILMER, ANNE		3 2 NAME	F	LANIGAN, MA 05 IDLEWYLD	KGC			
STREET ADDRESS	621 IDLEWYLD DRIVE		33 STREE	TADDRESS C	05 IDLEWYLD	DKIVE	222		
CITY-ST-ZIP	FT. LAUDERDALE FL		34. CITY-	ST-ZIP	T. LAUDERDA	LE,FL	<u> </u>	1 /	
TITLE	T	DELETE	4 1 TITLE	1 1		1	Change	☐ / Addition	
NAME	ATLASS, SALLY		4 2 NAME	$ \mathcal{M} $	10LES-CARLISLE	MUKICA	\sim		
STREET ADDRESS	715 POINCIANA DR		4 3 STREE	TADDRESS A	606 ACACIA CC	UKI	ココウィ	,	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-5	T-ZIP F	T. LAUDERDAL		<u>333c</u>		
TITLE		☐ DELETE	51 TITLE	}		[Change	Addition [
NAME			5 2 NAME						
STREET ADDRESS			53 STREE	TADDRESS				ļ	
CITY-ST-ZIP			5 4 CITY - 5	ST-ZIP			=		
TITLE		☐ DELETE	61 TITLE			[Change	Addition	
NAME			6.2 NAME					ľ	
STREET ADDRESS			63STREE	TADDRESS					
CITY-ST-ZIP			64 CITY-S						
14. Thereby o	certify that the information supplied v	vith this filing does not qualify for t	he exemp	tion stated in	Section 119.07(3)(i), Florida Statut	es. I further certify	that the inf	formation	

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 informatio 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 appear with an address, with all other like empowered.

SIGNATURE: Mulia Moles aulialo Marilyn J. Moles-Carlisle 3/14/99 (954)467-3520

CR2E037 (11/98)