## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** May 03, 2001 8:00 am & Secretary of State DOCUMENT # 717855 1. Entity Name 05-03-2001 91131 005 \*\*\*\*61.25 IDLEWYLD IMPROVEMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 215 POINCIANA DRIVE 2606 ACACIA COURT FT. LAUDERDALÉ FL 33301 FT. LAUDEBOALE FL 33301 2. Principal Place of Business 3. Mailing Address toinciana Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2476224 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BrowaRc Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KESSLER Street Address (P.O. Box Number is Not Acceptable) KESSLER, NADREA ONE PINANCIAL PEAZA, 17 FLOOR AVENVE NAREWS FORT LAUDERDALE FL 38394 8. 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Change ■ Addition TITLE Delete NAME NAME SUROVEK, HELEN STREET ADDRESS STREET ADDRESS 608 POINCIANA DRIVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 Addition TITLE SD Delete TITLE ☐ Change NAME NAME HERHOLD, MARYJO STREET ADDRESS STREET ADDRESS 2609 ALAMANDA COURT CITY-ST-ZIP CITY-ST-ZiP FT. LAUDERDALE FL 33301 ☐ Change TITLE Delete TITLE ☐ Addition NAME FLANIGAN, MARGO NAME STREET ADDRESS STREET ADDRESS 605 IDLEWYLE DRIVE CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33301 **Z** Delete TITLE TITLE ☐ Change Addition NAME MOLES-CARLISLE, MARILYN NAME STREET ADDRESS STREET ADDRESS 2606 ACACIA COURT CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 TITLE Delete TITLE Change ☐ Addition NAME Reiss i Jenniter NAME STREET ADDRESS 807 Poinciana Drive STREET ADDRESS CITY-ST-ZIP Ft. 1 audendalo Ft. 3330 CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 information indicated on this report or supplemental eport 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 of trustee epipowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

954-5242511

Daytime Phone #