

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91786 018 ****61.25

DOCUMENT # 717855

1. Entity Name

IDLEWYLD IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**805 IDLEWYLD DRIVE
 FT. LAUDERDALE FL 33301
 US**

**807 POINCIANA DRIVE
 FT. LAUDERDALE FL 33301
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2476224

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KESSLER, ANDREA
 633 SOUTH ANDREWS AVENUE 3RD FLOOR
 FORT LAUDERDALE FL 33302**

Name

Street Address (P.O.-Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD SUROVEK, HELEN**
 STREET ADDRESS **608 POINCIANA DRIVE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE Change Addition
 NAME **GREGORY FEISS**
 STREET ADDRESS **350 POINCIANA DR.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**
President

TITLE Delete
 NAME **SD HERHOLD, MARYJO**
 STREET ADDRESS **2609 ALAMANDA COURT**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD FLANIGAN, MARGO**
 STREET ADDRESS **605 IDLEWYLD DRIVE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE Change Addition
 NAME **V/D MARILYN MOLES-CARLISLE**
 STREET ADDRESS **2606 ACACIA COURT**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE Delete
 NAME **T REISS, JENNIFER**
 STREET ADDRESS **807 POINCIANA DRIVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an endorsement with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02 954-527-0027

Date

Daytime Phone #

CR2E037 (9/01)