


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90043 023 ****61.25

DOCUMENT # 717855
 1. Entity Name
 IDLEWYLD IMPROVEMENT ASSOCIATION, INC.



| | |
|--|---|
| Principal Place of Business 807 POINCIANA DR FT. LAUDERDALE, FL 33301 US | Mailing Address 807 POINCIANA DRIVE FT. LAUDERDALE, FL 33301 US |
|--|---|

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01092006 No Chg-NP CR2E037 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 59-2476224 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 KESSLER, ANDREA
 633 SOUTH ANDREWS AVENUE 3RD FLOOR
 FORT LAUDERDALE, FL 33302

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | VP |
| NAME | FEISS, GREGORY |
| STREET ADDRESS | 350 POINCIANA DRIVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 |
| TITLE | SD |
| NAME | RHODES, KARIN |
| STREET ADDRESS | 347 POINCIANA DRIVE |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33301 |
| TITLE | T |
| NAME | REISS, JENNIFER M |
| STREET ADDRESS | 807 POINCIANA DRIVE |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33301 |
| TITLE | Vice Pres |
| NAME | Mary Sothenhold |
| STREET ADDRESS | 2609 Atamanda Ct. |
| CITY-ST-ZIP | Fort Lauderdale, FL 33301 |
| TITLE | P |
| NAME | Denike, Karen |
| STREET ADDRESS | 351 Poinciana Drive |
| CITY-ST-ZIP | FT. LAUD. FL 33301 |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 address, with another like empowered.

SIGNATURE:  Jennifer Reiss Date: 2-9-06 Daytime Phone #: 954-224-6335