

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770009** (9)

1. Corporation Name

IDLE FOREST HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 5818 IDLE FOREST PLACE TAMPA FL 33614	Mailing Address P.O. BOX 151262 TAMPA FL 33684
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3. Date Incorporated or Qualified 08/29/1983
4. FEI Number NOT APPLICABLE
Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent BRACY, IV, BEN H 5818 IDLE FOREST PLACE TAMPA FL 33614
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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

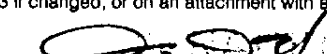
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WAGONER, JEFFERY 5811 IDLE FOREST PL TAMPA FL 33614	1.1 TITLE	PD ROBERT SMITH 5819 IDLE FOREST PLACE TAMPA FL 33614
NAME	VD FRYE, GENE 5805 IDLE FOREST PL TAMPA FL 33614	1.2 NAME	VD GARY DAVISON 5909 IDLE FOREST PLACE TAMPA FL 33614
STREET ADDRESS	SD ALVAREZ, BETTY 5902 IDLE FOREST PL TAMPA FL 33614	1.3 STREET ADDRESS	SD HEATHER RIEUMONT 5912 IDLE FOREST PLACE TAMPA FL 33614
CITY-ST-ZIP	TD BRACY, III, BEN H 5818 IDLE FOREST PL TAMPA FL 33614	1.4 CITY-ST-ZIP	TD DAVID NOVAK 5915 IDLE FOREST PLACE TAMPA FL 33614
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD ROBERT SMITH 5819 IDLE FOREST PLACE TAMPA FL 33614	☒ Change ☐ Addition
1.2 NAME	VD GARY DAVISON 5909 IDLE FOREST PLACE TAMPA FL 33614	☒ Change ☐ Addition
1.3 STREET ADDRESS	SD HEATHER RIEUMONT 5912 IDLE FOREST PLACE TAMPA FL 33614	☒ Change ☐ Addition
1.4 CITY-ST-ZIP	TD DAVID NOVAK 5915 IDLE FOREST PLACE TAMPA FL 33614	☒ Change ☐ Addition
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		☐ Change ☐ Addition
2.3 STREET ADDRESS		☐ Change ☐ Addition
2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		☐ Change ☐ Addition
3.3 STREET ADDRESS		☐ Change ☐ Addition
3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		☐ Change ☐ Addition
4.3 STREET ADDRESS		☐ Change ☐ Addition
4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		☐ Change ☐ Addition
5.3 STREET ADDRESS		☐ Change ☐ Addition
5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		☐ Change ☐ Addition
6.3 STREET ADDRESS		☐ Change ☐ Addition
6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. 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 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:  **DAVID E. LINN** **2/18/98** **812877118**

CR2E037 (10/97)