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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770009**

1. Corporation Name
IDLE FOREST HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5818 IDLE FOREST PLACE TAMPA FL 33614	P.O. BOX 151262 TAMPA FL 33684

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/29/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~BRACY, IV, BEN H~~
~~5818 IDLE FOREST PLACE~~
~~TAMPA FL 33614~~

10. Name and Address of New Registered Agent

81 Name: BETSY J. Levine
82 Street Address (P.O. Box Number is Not Acceptable): 5820 Idle Forest Place
83
84 City: TAMPA FL 85 Zip Code: 33614

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: Betsy J. Levine — Signature, typed or printed name of registered agent and title if applicable.
BETSY J. Levine — (NOTE: Registered Agent signature required when reinstating)
DATE: 4.29.99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT		1.2 NAME		
STREET ADDRESS	5819 IDLE FOREST PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIDSON, GARY		2.2 NAME		
STREET ADDRESS	5909 IDLE FOREST PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIEUMONT, HEATHER		3.2 NAME		
STREET ADDRESS	5912 IDLE FOREST PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	NOVAK, DAVID		4.2 NAME	Betsy J. Levine	
STREET ADDRESS	5915 IDLE FOREST DR		4.3 STREET ADDRESS	5820 Idle Forest Pl.	
CITY-ST-ZIP	TAMPA FL 33614		4.4 CITY-ST-ZIP	TAMPA FL 33614	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Betsy J. Levine BETSY J. Levine — 1/28/99 — 813-877-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #