

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90054 035 ****61.25

DOCUMENT # 770009 1. Entity Name IDLE FOREST HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 151262 TAMPA, FL 33684			Mailing Address P.O. BOX 151262 TAMPA, FL 33684		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LENTINE, BOB 5806 IDLE FOREST PLACE TAMPA, FL 33614				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD		TITLE		
NAME	GREENBERG, MICHELLE ☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	5818 IDLE FOREST PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	VPD		TITLE		
NAME	BALL, BRIDGETTE ☒ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	5802 IDLE FOREST PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE	PD		TITLE		
NAME	LENTINE, BOB ☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS	5806 IDLE FOREST PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP		
TITLE			TITLE		
NAME	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME	☐ Delete		NAME	☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 address, with all other like empowered.					
SIGNATURE: <u>Michelle Greenberg</u> 1/13/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



01132004 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

FL Zip Code