2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 770009						SECRETAI	RY OF	STATE	
1. Entity Name IDLE FOREST HOMEOWNER'S ASSOCIATION, INC.					SECRETARY OF STATE DIVISION OF CORPORATIONS				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1/2		,	O4 DEC -	9 AM	8:00	
	ce of Business	Mailing Address			1				
P.O. BOX 151262 TAMPA, FL 33684		P.O. BOX 151262 TAMPA, FL 33684							
						EUTIN UUNK UUNK 1814	aldel aleji tje:	41 031016 01017 018	JH181 81 (89)
2. Principal Place of Business		3. Mailing Address							
Su # e, Apt. #, etc.		Suite, Apt. #, etc.							mDI
						hg-NP	CR2E03	37 (10/03)	///NL
Gity & State		City & State			4. FEI Number NOT APPLI	ICABLE		<u> </u>	pplied For ot Applicable
Zip Country		Zip Country		У	5. Certificate of St	tatus Desired		\$8.75 Add	
	6. Name and Address of Current	t Registered Agent	——————————————————————————————————————		7. Name and Add	tress of New Re			
FRYE, DA		:	Name						
5822 IDLE FOREST PLACE TAMPA, FL 33614		Street Address		Street Address (I	(P.O. Box Number is	Not Acceptable))	·	
		1 1							
			City			FL	Zip Cod		
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered o	office or register	red agent, or both, in	the State of Flor	rida. I am f	amiliar with,	, and accept
	•	1							
SIGNATURE	Signature, typed or printed name of registered agent	nt and title if applicable. (NOTE:	Registered Ac	gent signature required	d when reinstating)		DATE		
		9. Election Camp	naion Fina	ıncina	\$5.00 May Be	THE WAY	ake check	r payable t	in the same
	Amended AR is \$61.25	Trust Fund Contribution.			Added to Fees			tment of S	
10.	OFFICERS AND DI		11.		ADDITIONS/CHANG	ES TO OFFICER	IS AND DIF	RECTORS IN	V 10
title Name	PD FRYE, DAVID A	Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS	5822 IDLE FOREST PLACE		STREET A	1					
CITY-ST-ZIP	TAMPA, FL 33614	Delete	CITY-ST-	-ZiP	***************************************			☐ Change	☐ Addition
NAME	HARRIES, DONALD L) Doing	NAME					FT comitée	LI POSITION
STREET ADDRESS CITY-ST-ZIP	5815 IDLE FOREST PLACE TAMPA, FL 33614		STREET A						
TITLE	SD	☐ Delete	TITLE			-		☐ Change	Addition
NAME Street address	WRIGHT, ALFRED K 5812 IDLE FOREST PLACE		name Street a	ADDRESS					
CITY-ST-ZIP"-	TAMPA, FL 33614		- City-St-	į.					
TITLE NAME	TD BELL, JASON	∑ Delete	TITLE NAME	T Atk	inson, Don	ma.		Change	Addition
STREET ADDRESS	5802 IDLE FOREST PLACE	• •	STREET A	NODRESS 581	8 Idle For pa, FL 33	est Plac	e:e		
CITY-ST-ZIP	TAMPA, FL 33614	<u> </u>	CITY-ST-	-zip Tam	pa, FL 33	614 -			·
TITLE NAME	D CLARK, LARRY A	☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP	5826 IDLE FOREST PLACE TAMPA, FL 33614	·	STREET A	l l	501	00433	300	775	
TITLE	TAMPA, FL 33014	Delete	CITY-ST-	-Zir	12/09/4	<u>]401029</u>	<u>}</u>	Change	그드 디 Addition
NAME STREET ADDRESS		1	NAME						
STREET ADDRESS CITY-ST-ZIP		j.	STREET A			• '			
12. I hereby	certify that the information supplied wit	th this filling does not qualify for t	the exemp	tion stated in Se	ection 119.07(3)(i), Fl	orida Statutes. I	further cerl	tify that the i	information
of the cor changed	certify that the information supplied wit f on this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an address,	bowered to execute this report a with all other like empowered.	s required	by Chapter 617	7, Florida Statutes; ar	nd that my name	appears ir	n Block 10 o	r Block 11 if
	<i>}.</i> /. /	4/2			12/1/1	$Q_{i,i}$	3 - 8	7000	'کـ3ن
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