2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 770009

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

Principal Place of Business	Mailing Address
P.O. BOX 151262 TAMPA, FL 33684	P.O. BOX 151262 TAMPA, FL 33684

DO NOT WRITE IN THIS SPACE

07062005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRYE, DAVID A
5822 IDLE FOREST PLACE
TAMPA, FL 33614

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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 September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRYE, DAVID A
STREET ADDRESS	5822 IDLE FOREST PLACE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VD
NAME	HARRIES, DONALD L
STREET ADDRESS	5815 IDLE FOREST PLACE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	SD
NAME	WRIGHT, ALFRED K
STREET ADDRESS	5812 IDLE FOREST PLACE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	T
NAME	ATKINSON, DONNA
STREET ADDRESS	5818 IDLE FOREST PLACE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	D
NAME	CLARK, LARRY A
STREET ADDRESS	5826 IDLE FOREST PLACE
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/11/05-80001-015 61.25

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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: _____ 7/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

813-870-0035