

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



07102006 No Chg-NP

CR2E037 (4/06)

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**

**DO NOT WRITE  
IN THIS SPACE**

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 September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000569937  
07/13/06-80009-016 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FRYE, DAVID A  
5822 IDLE FOREST PLACE  
TAMPA, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HARRIES, DONALD L  
5815 IDLE FOREST PLACE  
TAMPA, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
WRIGHT, ALFRED K  
5812 IDLE FOREST PLACE  
TAMPA, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ATKINSON, DONNA  
5818 IDLE FOREST PLACE  
TAMPA, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CLARK, LARRY A  
5826 IDLE FOREST PLACE  
TAMPA, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #