2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007
Secretary of State

DOCUMENT# 770009

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

Current Principal Place of Business:

P.O. BOX 151262
TAMPA, FL 33684

New Principal Place of Business:

VANGUARD MANAGEMENT
9300 N 16TH ST
TAMPA, FL 33612

Current Mailing Address:

P.O. BOX 151262
TAMPA, FL 33684

New Mailing Address:

VANGUARD MANAGEMENT
9300 N 16TH ST
TAMPA, FL 33612

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WINFIELD, JANET
9300 N 16TH ST
TAMPA, FL 33612 US

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.

SIGNATURE: JANET WINFIELD 03/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FRYE, DAVID A
Address: 5822 IDLE FOREST PLACE
City-St-Zip: TAMPA, FL 33614

Title: VD ( ) Delete
Name: HARRIES, DONALD L
Address: 5815 IDLE FOREST PLACE
City-St-Zip: TAMPA, FL 33614

Title: SD ( ) Delete
Name: WRIGHT, ALFRED K
Address: 5812 IDLE FOREST PLACE
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete
Name: ATKINSON, DONNA
Address: 5818 IDLE FOREST PLACE
City-St-Zip: TAMPA, FL 33614

Title: D (X) Delete
Name: CLARK, LARRY A
Address: 5826 IDLE FOREST PLACE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: ATKINSON, DONNA K
Address: 5818 IDLE FOREST PLACE
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change ( ) Addition
Name: CLARK, LARRY A
Address: 5826 IDLE FOREST PLACE
City-St-Zip: TAMPA, FL 33614

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET WINFIELD AGEN 03/08/2007
Electronic Signature of Signing Officer or Director Date