

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

50 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N05771** (3)

1. Corporation Name

IDLEWOOD CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351**
Mailing Address: **1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351**

3. Date Incorporated or Qualified: **10/22/1984**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-2529056**
Applied For:
Not Applicable:

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suits, Apt #, etc: **22**
City & State: **23**
Zip: **24** Country: **25** Zip: **29** Country: **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENE, ROBERT E.
PROFESSIONAL COMMUNITY SERVICES CORP.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573**

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): **Florida Lifestyle Management**
83 _____
84 City: _____ **FL** 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature required for corporations, registered agent and the filer of this form.

NAME (Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	HUNTER, RICHARD
STREET ADDRESS	1510 INGRAM DR
CITY, ST, ZIP	SUN CITY CENTER FL
TITLE	D
NAME	MENEFEE, RICHARD
STREET ADDRESS	2217 IVAN CT
CITY, ST, ZIP	SUN CITY CENTER FL
TITLE	TD
NAME	DEROSA, HUGO
STREET ADDRESS	1309 IDLEWOOD DR
CITY, ST, ZIP	SUN CITY CENTER FL
TITLE	PD
NAME	MATHEWS, EDWARD
STREET ADDRESS	1414 INGRAM DR
CITY, ST, ZIP	SUN CITY CENTER FL
TITLE	VD
NAME	PHILLIPS, JEROME
STREET ADDRESS	1326 IDLEWOOD DR
CITY, ST, ZIP	SUN CITY CENTER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Kurdeka, Peter
23 STREET ADDRESS	1327 Idlewood Dr
24 CITY, ST, ZIP	Sun City Center FL
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Langer, Adele
33 STREET ADDRESS	1320 Idlewood Dr
34 CITY, ST, ZIP	Sun City Center FL
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	P/T/D
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Lindhurst, Henry
53 STREET ADDRESS	1324 Idlewood Dr
54 CITY, ST, ZIP	Sun City Center FL
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward G. Mathews* **EDWARD G. MATHEWS** 21 MAR 95 634-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR