

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N05771 (3)**

1. Corporation Name

**IDLEWOOD CONDOMINIUM ASSOCIATION, INC.**



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: 05/01/1995  
4. FEI Number: 59-2529056  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) and Mailing Address (26) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**FLORIDA LIFESTYLE MANAGEMENT PROFESSIONAL COMMUNITY SERVICES CORP.  
1904 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HUNTER, RICHARD	
STREET ADDRESS	1510 INGRAM DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KURDEKA, PETER	
STREET ADDRESS	1327 IDLEWOOD DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGER, ADELE	
STREET ADDRESS	1320 IDLEWOOD DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	MATHEWS, EDWARD	
STREET ADDRESS	1414 INGRAM DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LINDHURST, HENRY	
STREET ADDRESS	1324 IDLEWOOD DR.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KURDEKA, PETER	
1.3 STREET ADDRESS	1327 IDLEWOOD DRIVE	
1.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	700001802497	
4.4 CITY-ST-ZIP	-05/01/96--01014--040 ***61.25	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARS, JOHN	
6.3 STREET ADDRESS	1412 INGRAM DRIVE	
6.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

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 119.07(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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward D. Mathews* DATE: 07 MAR 96 (813) 634-9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)