

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33573-5912
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 10/22/1984	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2529056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KURDEKA, PETER		1.2 NAME MEYER, ROBERT	
STREET ADDRESS 1327 IDLEWOOD DR.		1.3 STREET ADDRESS 2204 INWOOD DRIVE	
CITY-ST-ZIP SUN CITY CENTER FL 33573		1.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KURDEKA, PETER		2.2 NAME	
STREET ADDRESS 1327 IDLEWOOD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANGER, ADELE		3.2 NAME	
STREET ADDRESS 1320 IDLEWOOD DR		3.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		3.4 CITY-ST-ZIP	
TITLE PDT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATHEWS, EDWARD		4.2 NAME DUGA, GEORGE	
STREET ADDRESS 1414 INGRAM DR		4.3 STREET ADDRESS 1413 INGRAM DRIVE	
CITY-ST-ZIP SUN CITY CENTER FL		4.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINDHURST, HENRY		5.2 NAME	
STREET ADDRESS 1324 IDLEWOOD DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		5.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARS, JOHN		6.2 NAME	
STREET ADDRESS 1412 INGRAM DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL 33573		6.4 CITY-ST-ZIP	

14. I do 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 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: *George Duga* FORGE DUGA 3/27/97 813-635-1805
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046450

CR2E037 (9/96)