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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05771

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2529056
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GREENE, ROBERT E
C/O FLORIDA LIFESTYE MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, ROBERT	
STREET ADDRESS	2204 INWOOD DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KUHN, ROBERT D	
STREET ADDRESS	1433 INGRAM DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUGA, GEORGE	
STREET ADDRESS	1413 INGRAM DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, MARION I	
STREET ADDRESS	1422 INGRAM DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COX, JOSEPH W	
STREET ADDRESS	2206 INWOOD DRIVE	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEORGE DUGA	
1.3 STREET ADDRESS	1433 INGRAM DR	
1.4 CITY-ST-ZIP	SUN CITY CENTER, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM ADAMS	
3.3 STREET ADDRESS	1536 INGRAM DRIVE	
3.4 CITY-ST-ZIP	SUN CITY CENTER, FL	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALFRED DELAPORTE	
4.3 STREET ADDRESS	1407 IDLEWOOD DR	
4.4 CITY-ST-ZIP	SUN CITY CENTER, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: William Adams SIGNATURE REQUIRED 4/9/99 813-6331509
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)