

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05771

1. Entity Name

IDLEWOOD CONDOMINIUM ASSOCIATION, INC.



FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90002 039 ****61.25

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573-4351

1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573-5912

2. Principal Place of Business
Sterling Management, Inc.
723 Imar Drive

3. Mailing Address
Sterling Management, Inc.
723 Imar Drive

4. City & State
Sun City Center, FL 33573

5. City & State
Sun City Center, FL 33573



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2529056

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Brian L. May/Sterling Management
723 Imar Drive
Sun City Center, FL 33573

FL Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **DUGA, GEORGE**
 STREET ADDRESS **1413 INGRAM DR**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **Director** Change Addition
 NAME **Arthur Bryant**
 STREET ADDRESS **1405 Ingram Drive**
 CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **TD** Delete
 NAME **KUHN, ROBERT D**
 STREET ADDRESS **1433 INGRAM DRIVE**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **Treasurer** Change Addition
 NAME **Clement Bissonette**
 STREET ADDRESS **1330 Idlewood Drive**
 CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **PD** Delete
 NAME **ADAMS, WILLIAM**
 STREET ADDRESS **1536 INGRAM DR**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **Change** Addition

TITLE **VD** Delete
 NAME **DELAPORTE, ALFRED**
 STREET ADDRESS **1407 IDLEWOOD DR**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **Change** Addition

TITLE **SD** Delete
 NAME **COX, JOSEPH W**
 STREET ADDRESS **2206 INWOOD DRIVE**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **Secretary** Change Addition
 NAME **Dorothy Olson**
 STREET ADDRESS **1420 Ingram Drive**
 CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **Delete**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Change** Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. P. Adams* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/00

Date

Daytime Phone #

CF 1037 19/99