## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 23, 2002 8:00 am Secretary of State **DOCUMENT # N05771** 1. Entity Name 05-23-2002 90118 005 \*\*\*\*61.25 IDLEWOOD CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 723 IMAR DRIVE 723 IMAR DRIVE SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59-2529056 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) MAY, BRIAN L SUITE 414 2401 WEST BAY DRIVE, 723 IMAR DRIVE SUN CITY CENTER FL 33573 ZB 30749 () City LARGO 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. dellam SIGNATURE FOR Registrate Deer Pignar Meduired when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)☐ Change Addition TITLE TITLE Leverell, El Mer 1319 I d'lewood NAME BRYANT, ARTHUR STREET ADDRESS STREET ADDRESS 1405 INGRAM DRIVE CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 Delete TITLE TITLE Scott, James 1408 Idlewood Sun City Cen NAME NAME BISSONETLE, CLEMENT STREET ADDRESS 1330 IDLEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sun City Center FL 33573 Addition TITLE Delete TITLE Warming, Eloi ADAMS, WILLIAM NAME NAME STREET ADDRESS 1536 INGRAM DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SUN CITY CENTER FL Change Addition ☐ Detete TITLE TITLE DELAPORTE, ALFRED NAME NAME STREET ADDRESS 1407 IDLEWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SUN CITY CENTER FL Change Dopelete ☐ Addition TITLE OHLSON, DOROTHY NAME 1420 INGRAM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 the empowered.

CITY-ST-7IP

SIGNATURE: