

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90359 001 ****61.25

DOCUMENT # N05771

1. Entity Name
IDLEWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**STERLING MANAGEMENT
 1701-B RICKENBACKER DRIVE
 SUN CITY CENTER FL 33573**

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 SUN CITY CENTER FL 33573**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-2529056 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DE FURIO, JAMES R ESQ.
 101 E KENNEDY BLVD STE 1030
 TAMPA FL 33602**

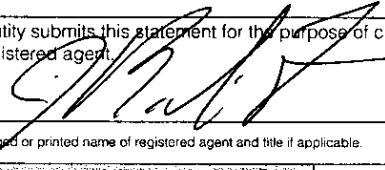
7. Name and Address of New Registered Agent

Name: _____
 Street: **James R. Defurio, Esquire**

101 E. Kennedy Blvd. Suite 3000

 City: **Tampa, FL 33602** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4-27-04**

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	LEVERETT, ELMER	1319 IDLEWOOD DR.	SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/>
PD	SCOTT, JAMES	1408 IDLEWOOD DR.	SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/>
VD	BRYANT, ART	1405 INGRAM DR.	SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/>
TD	TREVOULADGES, BILL	1506 INGRAM DR	SUN CITY CENTER FL 33573	<input type="checkbox"/>
SD	WARMINE, ELOISE	1405 IDLEWOOD DR.	SUN CITY CENTER FL 33573	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Bryant, Art	1405 Ingram Dr.	Sun City Center, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Leverette Elmer	1319 Idlewood Dr.	Sun City Center, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Shuler, Richard	1323 Idlewood Dr.	Sun City Center, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: **4-28-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #