

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90079 010 \*\*\*\*61.25

**DOCUMENT # N05771**  
 1. Entity Name  
 IDLEWOOD CONDOMINIUM ASSOCIATION, INC.



90000441

Principal Place of Business: STERLING MANAGEMENT, 1701-B RICKENBACKER DRIVE, SUN CITY CENTER, FL 33573  
 Mailing Address: STERLING MANAGEMENT, 1701-B RICKENBACKER DRIVE, SUN CITY CENTER, FL 33573



2. Principal Place of Business - No P.O. Box #  
 Sterling Management  
 1904 Clubhouse Drive  
 Sun City Center, FL 33573

3. Mailing Address  
 #, etc.  
 City  
 Country

01182008 Chg-NP CR2E037 (12/06)

4. FEI Number: 59-2529056 Applied For: 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.  
 201 E. KENNEDY BLVD.  
 SUITE 1460  
 TAMPA, FL 33602

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: FISCHER, DON STREET ADDRESS: 1408 INGRAM DR CITY-ST-ZIP: SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete		TITLE: PD NAME: FISHER, DON STREET ADDRESS: 1408 INGRAM DRIVE CITY-ST-ZIP: SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD NAME: LEVERETTE, ELMER STREET ADDRESS: 1319 IDLEWOOD DR. CITY-ST-ZIP: SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD NAME: SCOTT, JAMES STREET ADDRESS: 1408 IDLEWOOD DR CITY-ST-ZIP: SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete		TITLE: SD NAME: Elise Warming. STREET ADDRESS: 1405 Idlewood Drive. CITY-ST-ZIP: Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: TD NAME: SIMON, DIANE STREET ADDRESS: 1332 IDLEWOOD DR CITY-ST-ZIP: SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete		TITLE: D NAME: Richard Brown STREET ADDRESS: 1415 Ingram Drive. CITY-ST-ZIP: Sun City Center, FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: D NAME: FISHER, DON STREET ADDRESS: 1408 INGRAM DR CITY-ST-ZIP: SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Don Fischer* 3/4/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #