

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90265 021 ****61.25

DOCUMENT # **N05771**

1. Entity Name
IDLEWOOD CONDOMINIUM ASSOCIATION, INC.



*****New Address*****
Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573

*****New Address*****
Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2529056		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, P.A. 2401WEST BAY DR., STE 414 LARGO FL 33770			Name		
			Street Address		
			City		
			State & Zip Code		
			James R. De Furio, Esquire 101 E. Kennedy Blvd., Suite 1030 Tampa, FL 33602		

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]* Attorney MAR 25 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVERETT, ELMER	NAME	Scott, James
STREET ADDRESS	1319 IDLEWOOD DR.	STREET ADDRESS	1408 Idlewood Dr.
CITY-ST-ZIP	SUN CITY CENTER FL 33573	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, JAMES	NAME	Bryant, Art
STREET ADDRESS	1408 IDLEWOOD DR.	STREET ADDRESS	1405 Ingram Dr.
CITY-ST-ZIP	SUN CITY CENTER FL 33573	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, WILLIAM	NAME	Trevouledes, Bill
STREET ADDRESS	1538 INGRAM DR	STREET ADDRESS	1506 Ingram Dr.
CITY-ST-ZIP	SUN CITY CENTER FL	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAPORTE, ALFRED	NAME	
STREET ADDRESS	1407 IDLEWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARMINE, ELOISE	NAME	
STREET ADDRESS	1405 IDLEWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* **SIGNATURE REQUIRED: JAMES H. SCOTT FEB 27, 2003 813-633-8831**

CR2E037 (10/02)