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

DOCUMENT # 710922

1. Entity Name



Secretary of State 01-23-2003 90091 026 ****70.00

FILED

Jan 23, 2003 8:00 am

IDA, INC.	PAHENII	HOOD OF SOUTHWI	EST AND CENTRAL F	LOR					
Principal Place 1958 PROSPEC SARASOTA FL		s	Mailing Address 1958 PROSPECT STREET SARASOTA FL 34239-9217		4 100411 10001 111	SI OBIO 18118 SIGIG (181 91811	ı Bibli Bibli Bibli bibli	SI B I d ii 5 30 1	
2. Principal F	Place of Busin		3. Mailing Address	Mailing Address 20.55 Was ST					
Suite, Apt. #, etc.			Suite, Apt. #. etc.	Suite, Apt. #, etc. SuiTE (ID		CHECK HERE IF MAK	ING CHANGES		
City & State SARASOTA (L			City & State	City & State SAMASTA, 62		1274328		oplied For of Applicable]
Zight 237 Country USA			Zip 34237			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Current R	tegistered Agent		7. Name and Add	ress of New Register	ed Agent		1
			La est Pales Agricone de la Cale	Name	र स्थापन विश्व विश्व स्थितिक स्थितिक स्थापन स्थ		'-		7
ZDRAVECKY, BARBARA 707 FERN ST					Street Address (P.O. Box Number is Not Acceptable)				
P O BOX 1292							.1		1
ANNA M/	ARIA FL 342	216		City			EL . Zip Cod	е	1
	tions of regist		the purpose of changing its i	egistered office or reg			4	and accept	
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 DIRE	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10]_
TITLE	CD		☐ Delete	TITLE			Change	☐ Addition	(10/02)
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STREET ADDRESS		STREET, SUITE 147		STREET ADDRESS					1
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP