

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90497 019 \*\*\*\*61.25

**DOCUMENT # 717855**

1. Entity Name  
IDLEWYLD IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business  
350 POINCIANA DRIVE  
FT. LAUDERDALE, FL 33301 US

Mailing Address  
807 POINCIANA DRIVE  
FT. LAUDERDALE, FL 33301 US

**20053782**



2. Principal Place of Business  
*807 POINCIANA DR*  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2476224

Applied For  
Not Applicable

Zip Country

Zip Country

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

**6. Name and Address of Current Registered Agent**

KESSLER, ANDREA  
633 SOUTH ANDREWS AVENUE 3RD FLOOR  
FORT LAUDERDALE, FL 33302

**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, 2005**

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 P ☐ Delete  
NAME FEISS, GREGORY  
STREET ADDRESS 350 POINCIANA DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE SD ☐ Delete  
NAME RHODES, KARIN  
STREET ADDRESS 347 POINCIANA DRIVE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE T ☐ Delete  
NAME REISS, JENNIFER M  
STREET ADDRESS 807 POINCIANA DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-05**

Date

Daytime Phone #