


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90043 023 \*\*\*\*61.25

DOCUMENT # 717855		
1. Entity Name IDLEWYLD IMPROVEMENT ASSOCIATION, INC.		
Principal Place of Business 807 POINCIANA DR FT. LAUDERDALE, FL 33301 US	Mailing Address 807 POINCIANA DRIVE FT. LAUDERDALE, FL 33301 US	



01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2476224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEISS, GREGORY 350 POINCIANA DRIVE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RHODES, KARIN 347 POINCIANA DRIVE FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REISS, JENNIFER M 807 POINCIANA DRIVE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres Mary Sothenhold 2609 Alameda Ct. Fort Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Denike, Karen 351 Poinciana Drive Ft. Land. FL 33301

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jennifer Reiss* 2-9-06 954-224-6335