


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90105 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

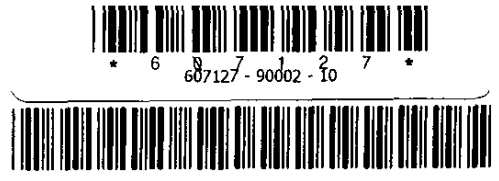


FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 726345
 1. Corporation Name
IRMA SHORES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
~~3964~~ IRMA SHORES DRIVE
 ORLANDO FL 32817
3963

Mailing Address
~~3964~~ IRMA SHORES DRIVE
 ORLANDO FL 32817
3963



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/07/1973
22	27	4
City & State	City & State	FEI Number
23	28	59-2419289
Zip	Zip	Applied For
24	29	Not Applicable
Country	Country	5. Certificate of Status Desired <input type="checkbox"/>
25	30	\$8.75 Additional Fee Required
ORANGE	ORLAND FLORIDA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
32817		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BLENDEN, GLENYS
 3964 IRMA SHORES DRIVE
 ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name **JOANN R. TUTTIN**
 82 Street Address (P.O. Box Number is Not Acceptable)
3963 IRMA SHORES DR
 83
 84 City **ORLANDO** FL 85 Zip Code **32817**

To →

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **JOANN R. TUTTIN - TREASURER** *Joann R Tuttin* DATE **7-16-99**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BLENDEN, GLENYS	
STREET ADDRESS	3964 IRMA SHORES DR.	
CITY-ST-ZIP	ORLANDO, FLORIDA 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PAXTON, GEOFFREY	
STREET ADDRESS	3981 IRMA SHORES DR.	
CITY-ST-ZIP	ORLANDO, FLORIDA 00000	
TITLE	PD.	<input checked="" type="checkbox"/> DELETE
NAME	TELFER, MARK	
STREET ADDRESS	3960 IRMA SHORES DR.	
CITY-ST-ZIP	ORLANDO, FLORIDA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOANN R. TUTTIN	
1.3 STREET ADDRESS	3963 IRMA SHORES DR.	
1.4 CITY-ST-ZIP	ORLANDO FL 32817	
2.1 TITLE	SECRETARY / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL A. CORDER	
2.3 STREET ADDRESS	3952 IRMA SHORES DR.	
2.4 CITY-ST-ZIP	ORLANDO FL 32817	
3.1 TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DEBBY MITCHELL	
3.3 STREET ADDRESS	3959 IRMA SHORES DR	
3.4 CITY-ST-ZIP	ORLANDO FL 32817	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Joann R Tuttin* 7/16/99 (407) 647-3034
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001596

CR2E037 (5/99)