

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726345

1. Entity Name

IRMA SHORES HOMEOWNER'S ASSOCIATION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90077 016 ****61.25

Principal Place of Business 3964 IRMA SHORES DRIVE ORLANDO FL 32817 3963	Mailing Address 3963 IRMA SHORES DR ORLANDO FL 32817-1621
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 3963 IRMA SHORES DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ORLANDO FLORIDA
Zip	Country
Country	Zip 32817
	Country ORANGE

4. FEI Number 59-2419289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TUTTIN, JOANN R
 3963 IRMA SHORES DR
 ORLANDO FL 32817

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	TUTTIN, JOANN R	
STREET ADDRESS	3963 IRMA SHORES DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORDER, MICHAEL A	
STREET ADDRESS	3952 IRMA SHORES DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MITCHELL, DEBBY	
STREET ADDRESS	3959 IRMA SHORES DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JOANN R TUTTIN 3/28/00 (407) 647-3034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)