

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90234 020 ****61.25

DOCUMENT # 726345

1. Entity Name

IRMA SHORES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~3964~~ IRMA SHORES DRIVE
 ORLANDO FL 32817

3963 IRMA SHORES DR
 ORLANDO FL 32817

3963

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

ORANGE

Zip

Country

ORANGE

4. FEI Number

59-2419289

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUTTIN, JOANN R
3963 IRMA SHORES DR
ORLANDO FL 32817

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (407) 671-1333
 Date Daytime Phone #

CR2E037 (10/00)