


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 726345

1. Entity Name
 IRMA SHORES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 3963 IRMA SHORES DRIVE ORLANDO, FL 32817	Mailing Address 3963 IRMA SHORES DR ORLANDO, FL 32817
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01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2419289	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

TUTTIN, JOANN R
 3963 IRMA SHORES DR
 ORLANDO, FL 32817

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUTTIN, JOANN R 3963 IRMA SHORES DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORDER, MICHAEL A 3952 IRMA SHORES DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, DEBBY 3959 IRMA SHORES DR ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 **JOANN R. TUTTIN** 1/20/04 (407) 671 1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____