


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 3963 IRMA SHORES DRIVE 3963 IRMA SHORES DR
 ORLANDO, FL 32817 ORLANDO, FL 32817



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2419289 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TUTTIN, JOANN R
 3963 IRMA SHORES DR
 ORLANDO, FL 32817

DO NOT WRITE IN THIS SPACE

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 reconstituting)

Filing Fee is \$61.25
Due by May 1, 2005

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	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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1/26/05 407-671-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #