



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 726345 1. Entity Name IRMA SHORES HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 3963 IRMA SHORES DRIVE ORLANDO, FL 32817	Mailing Address 3963 IRMA SHORES DR ORLANDO, FL 32817
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

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

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/21/08-80084-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2/12/08 4076711333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #