

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 01, 2010
Secretary of State

DOCUMENT# 770009

Entity Name: IDLE FOREST HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**MAJESTIC HOME REALTY
4511 N. HIMES AVE. # 200
TAMPA, FL 33614**New Principal Place of Business:**IDLE FOREST HOMEOWNER'S ASSOCIATION, INC.
8870 N. HIMES AVENUE--STE 356
TAMPA, FL 33614**Current Mailing Address:**MAJESTIC HOME REALTY
PO BOX 261625
TAMPA, FL 33685**New Mailing Address:**IDLE FOREST HOMEOWNER'S ASSOCIATION, INC.
8870 N. HIMES AVENUE--STE 356
TAMPA, FL 33614**FEI Number:** 76-0837758**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**TOLEDO, JESSICA J CAM
4511 N. HIMES AVE.
SUITE 200
TAMPA, FL 33614 US**Name and Address of New Registered Agent:**CLARK, LARRY
8870 N. HIMES AVENUE--STE 356
TAMPA, FL 33614 US

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: LARRY CLARK

10/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WRIGHT, ALFRED
Address: 8870 N. HIMES AVENUE--STE 356
City-St-Zip: TAMPA, FL 33614

Title: DVS
Name: CLARK, LARRY
Address: 8870 N. HIMES AVENUE--STE 356
City-St-Zip: TAMPA, FL 33614

Title: DT
Name: BARILE, SANDRA
Address: 8870 N. HIMES AVENUE--STE 356
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALFRED WRIGHT

PD

10/01/2010

Electronic Signature of Signing Officer or Director

Date