

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam,  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N38201

(2)

1. Corporation Name

IROQUOIS SOUTH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

660 JILLOTUS STREET  
MERRITT ISLAND FL 32952

Mailing Address

660 JILLOTUS STREET  
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1990

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3019734

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

643 Jil Lotus Street

Merritt Island FL

32952

Brevard

9. Name and Address of Current Registered Agent

ALEXANDER-BLANKMANN, DONNA M.  
660 JILLOTUS STREET  
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

81 Name

Mike Adcock

82 Street Address (P.O. Box Number is Not Acceptable)

643 Jil Lotus Street

83

84 City

Merritt Island

FL

85

Zip Code

32952

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

5/15/95

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | PD                        |
| NAME            | ADCOCK, MIKE              |
| STREET ADDRESS  | 643 JILLOTUS ST           |
| CITY - ST - ZIP | MERRITT ISLAND FL         |
| TITLE           | TS                        |
| NAME            | BLANKMAN-ALEXANDER, DONNA |
| STREET ADDRESS  | 660 JILLOTUS ST           |
| CITY - ST - ZIP | MERRITT ISLAND FL         |
| TITLE           | VD                        |
| NAME            | KITCHIN, PAUL             |
| STREET ADDRESS  | 683 JILLOTUS ST           |
| CITY - ST - ZIP | MERRITT ISLAND FL         |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |          |
|--------------------|-----------------------|----------|
| 11 TITLE           | Change                | Addition |
| 12 NAME            | 500001532605          |          |
| 13 STREET ADDRESS  | -07/07/95--01066--013 |          |
| 14 CITY - ST - ZIP | ****130.00 ****130.00 |          |
| 21 TITLE           | Change                | Addition |
| 22 NAME            | TS                    |          |
| 23 STREET ADDRESS  | Vi Caulfield          |          |
| 24 CITY - ST - ZIP | 613 Jil Lotus Street  |          |
| 31 TITLE           | Change                | Addition |
| 32 NAME            |                       |          |
| 33 STREET ADDRESS  |                       |          |
| 34 CITY - ST - ZIP |                       |          |
| 41 TITLE           | Change                | Addition |
| 42 NAME            |                       |          |
| 43 STREET ADDRESS  |                       |          |
| 44 CITY - ST - ZIP |                       |          |
| 51 TITLE           | Change                | Addition |
| 52 NAME            |                       |          |
| 53 STREET ADDRESS  |                       |          |
| 54 CITY - ST - ZIP |                       |          |
| 61 TITLE           | Change                | Addition |
| 62 NAME            |                       |          |
| 63 STREET ADDRESS  |                       |          |
| 64 CITY - ST - ZIP |                       |          |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 917, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Adcock

Michael J. Adcock

4/28/95

95/19471

AS Per Conversation w/ E.A. on 7-5-95

LL

0534314