


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90127 033 ****61.25

0020670

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N38201					
1. Corporation Name IROQUOIS SOUTH HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 683 JILLOTUS ST. MERRITT ISLAND FL 32952			Mailing Address 643 JILLOTUS ST. MERRITT ISLAND FL 32952		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 650 Jil Lotus St		05/16/1990	
22 City & State		27		4. FEI Number 59-3019734	
23 Zip		28 Merritt Island, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 32952		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30 USA			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LEWIS, JAMES R 643 JILLOTUS, STREET MERRITT ISLAND FL 32952			81 Name Michael LaCourse		
			82 Street Address (P.O. Box Number is Not Acceptable) 680 Jil Lotus St		
			83		
			84 City Merritt Island FL 85 Zip Code 32952		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE MWA The Michael LaCourse, Treasurer 2/7/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KITCHIN, PAUL			1.2 NAME Joe Hauser		
STREET ADDRESS 683 JILLOTUS ST			1.3 STREET ADDRESS 603 Jil Lotus St, Merritt Island, FL 32952		
CITY-ST-ZIP MERRITT ISLAND FL			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LEWIS, JAMES			2.2 NAME Jim Caufield		
STREET ADDRESS 643 JILLOTUS DT			2.3 STREET ADDRESS 613 Jil Lotus St		
CITY-ST-ZIP MERRITT ISLAND FL 32952			2.4 CITY-ST-ZIP Merritt Island, FL 32952		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME HOUSER, JOE			3.2 NAME Michael LaCourse		
STREET ADDRESS 603 JILLOTUS ST			3.3 STREET ADDRESS 650 Jil Lotus St, Merritt Island, FL 32952		
CITY-ST-ZIP MERRIT ISLAND FL 32952			3.4 CITY-ST-ZIP FL 32952		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 (47) 452-0376
Date Daytime Phone #

CR2E037 (11/98)