

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38201

1. Entity Name

IROQUOIS SOUTH HOMEOWNERS' ASSOCIATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90006 018 ****61.25

Principal Place of Business

683 JILLOTUS ST.
 MERRITT ISLAND FL 32952

Mailing Address

650 JILLSTUS ST
 MERRITT ISLAND FL 32952-5234
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3019734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LACOURSE, MICHAEL
 650 JILLOTUS ST
 MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **CAUFIELD, JIM**
 CITY-ST-ZIP **613 JILLOTUS ST**
MERRITT ISLAND FL 32952

TITLE ☐ Delete
 NAME **TS**
 STREET ADDRESS **LACOURSE, MICHAEL**
 CITY-ST-ZIP **650 JILLOTUS ST**
MERRITT ISLAND FL 32952

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **HOUSER, JOE**
 CITY-ST-ZIP **603 JILLOTUS ST**
MERRIT ISLAND FL 32952

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

Daytime Phone #

CR2E037 (9/99)