

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38201

1. Entity Name

IROQUOIS SOUTH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

683 JILLOTUS ST.
MERRITT ISLAND FL 32952

650 JILLSTUS ST
MERRITT ISLAND FL 32952
US

2. Principal Place of Business

670 JILLOTUS STREET

3. Mailing Address

670 JILLOTUS STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

Zip

32952

Country

US

Zip

32952

Country

US

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 JAHUE MARTIN

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

670 JILLOTUS STREET

City

MERRITT ISLAND FL

Zip Code

32952

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

J. Martin

JAHUE MARTIN, PRESIDENT

04-30-02

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	VD	<input checked="" type="checkbox"/> Delete
NAME	FINNEY, JOHN	
STREET ADDRESS	663 JILLOTUS STREET	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	LACOURSE, MICHAEL	
STREET ADDRESS	650 JILLOTUS ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOUSER, JOE	
STREET ADDRESS	603 JILLOTUS ST	
CITY-ST-ZIP	MERRIT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHUE MARTIN	
STREET ADDRESS	670 JILLOTUS STREET	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AN MARTIN	
STREET ADDRESS	670 JILLOTUS STREET	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES TEDROW	
STREET ADDRESS	660 JILLOTUS STREET	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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:

J. Martin

JAHUE MARTIN, PRESIDENT

04-30-02 (407) 947-4795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91281 039 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)