

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90418 049 ****61.25

DOCUMENT # N38201

1. Entity Name
IROQUOIS SOUTH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
670 JILLOTUS STREET
MERRITT ISLAND, FL 32952

Mailing Address
670 JILLOTUS STREET
MERRITT ISLAND, FL 32952 US



04292004 No Chg-NP

CR2E037 (10/03)

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

MARTIN, JAHUE
670 JILLOTUS STREET
MERRITT ISLAND, FL 32952

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTIN, JAHUE
STREET ADDRESS 670 JILLOTUS STREET
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE TS
NAME MARTIN, AN
STREET ADDRESS 670 JILLOTUS STREET
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE VD
NAME TEDROW, JAMES
STREET ADDRESS 660 JILLOTUS STREET
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: AN Martin AN MARTIN SEC./TREASURER 04-28-04 407-947-4795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #