


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90210 010 \*\*\*\*61.25

<b>DOCUMENT # N38201</b> 1. Entity Name <b>IROQUOIS SOUTH HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>670 JILLOTUS STREET MERRITT ISLAND, FL 32952</b>			Mailing Address <b>670 JILLOTUS STREET MERRITT ISLAND, FL 32952 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3019734</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARTIN, JAHUE 670 JILLOTUS STREET MERRITT ISLAND, FL 32952</b>				7. Name and Address of New Registered Agent Name <b>AN MARTIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>670 JILLOTUS STREET</b> City <b>MERRITT ISLAND FL</b> Zip Code <b>32952</b>	
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 <u>An Martin</u> <b>AN MARTIN, TREASURER/SEC. 04-15-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MARTIN, JAHUE</b> <input checked="" type="checkbox"/> Delete <b>670 JILLOTUS STREET MERRITT ISLAND, FL 32952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MIKE LACOURSE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>650 JILLOTUS STREET MERRITT ISLAND, FL 32952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS <b>MARTIN, AN</b> <input type="checkbox"/> Delete <b>670 JILLOTUS STREET MERRITT ISLAND, FL 32952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>TEDROW, JAMES</b> <input type="checkbox"/> Delete <b>660 JILLOTUS STREET MERRITT ISLAND, FL 32952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 **04-15-05**  
**AN MARTIN**