



**FILED**  
**Aug 23, 2006 8:00 am**  
**Secretary of State**

08-23-2006 90001 003 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<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>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
4. FEI Number <b>59-3019734</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MARTIN, AN 670 JILLOTUS ST MERRITT ISLAND, FL 32952</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <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, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACOURSE, MIKE 650 JILLOTUS ST MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MARTIN, AN 670 JILLOTUS STREET MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEDROW, JAMES 660 JILLOTUS STREET MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 filers empowered.		
SIGNATURE: <u>An Martin</u> <b>AN MARTIN, SEC/TREASURER 08-15-06 407-947-4795</b>		

ATTACHMENT

50026068

**IROQUOIS SOUTH HOMEOWNERS ASSOCIATION, INC.**  
**670 JILLOTUS STREET MERRITT ISLAND, FL 32952**

August 15, 2006

Division of Corporations  
Attn: REINSTATEMENT SECTION  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: ANNUAL REPORT - N38201 IROQUOIS SOUTH HOMEOWNERS ASSOCIATION, INC.

This letter is in response to receipt of the "NOTICE OF INTENT TO DISSOLVE" for the above referenced non-profit corporation. The "notice" stated that the annual report and fee is to be filed by September 6, 2006.

Please be advised that the Annual Report N38201 and check number 1052 for \$61.25 was mailed to the Division of Corporations, P.O. Box 6198, Tallahassee, FL 32314 on April 25, 2006. Enclosed is the following documentation that the report and fee was received by the Division of Corporations on April 27, 2006.

- Copy of Annual Report - N38201
- Copy of Check Number 1052 for \$61.25
- Copy of USPS Delivery Confirmation

It appears that the Annual Report/check was lost after receipt by Division of Corporations. Therefore, enclosed is a second original Annual Report and check # 1057 for \$61.25. A stop payment will be placed on the first lost check.

Please confirm receipt by fax to 321-454-4921.

Sincerely,


*An Martin*

An Martin  
Secretary/Treasurer

# ATTACHMENT

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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE:</small>			
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SIGNATURE: <u>An Martin</u> <u>AN MARTIN SEC./TREASURER</u> <u>04-25-06</u> <u>407-947-4795</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

# ATTACHMENT



50026068  
#N38201

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### Search Results

Label/Receipt Number: 0304 3490 0001 6376 1353

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Postage and Delivery Confirmation fees must be paid before mailing.

Article Sent To: (to be completed by mailer) **ISHA**

Please Print Clearly  
**DIVISION OF CORPORATIONS**  
**P.O. BOX 6198**  
**TALLAHASSEE, FL 32314**

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PS Form 152, May 2002

(See Reverse)

ATTACHMENT

50026068  
#V38201

1052	
IROQUOIS HOMEOWNER'S ASSOCIATION, INC	
PAY TO THE ORDER OF	DATE 04-25-06
FLORIDA DEPT. OF STATE	\$ 61,25
SIXTY-ONE & 25/100	DOLLARS
3300 Murrell Road Rockledge, FL 32955 Indian River National Bank	
FOR 2006 ANNUAL REPORT	
James E. Teel An Martin	