

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38201

FILED
Mar 20, 2009
Secretary of State

Entity Name: IROQUOIS SOUTH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

670 JILLOTUS STREET
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

670 JILLOTUS STREET
MERRITT ISLAND, FL 32952 US

New Mailing Address:

670 JILLOTUS STREET
MERRITT ISLAND, FL 32952

FEI Number: 59-3019734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, AN
670 JILLOTUS ST
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

MARTIN, AN
670 JILLOTUS ST
MERRITT ISLAND, FL 32952 US

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:

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALLARD, THEODORE
Address: 673 JILLOTUS ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TS () Delete
Name: MARTIN, AN
Address: 670 JILLOTUS STREET
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD () Delete
Name: SWIFT, BARRY
Address: 630 JILLOTUS ST
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HENSCHER, KEITH
Address: 623 JILLOTUS ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: HAUSER, KATHY
Address: 603 JILLOTUS ST
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AN MARTIN

TS

03/20/2009

Electronic Signature of Signing Officer or Director

Date