

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N42298**

1. Entity Name  
**IROQUOIS VILLAGE SUBDIVISION HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**633 IROQUOIS ST  
MERRITT ISLAND, FL 32952 US**

Mailing Address  
**633 IROQUOIS ST  
MERRITT ISLAND, FL 32952 US**



02142007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3100415**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FINNIGAN, RICHARD E.  
601 IROQUOIS ST.  
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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GRIGGS, H  
624 IROQUOIS ST  
MERRITT ISLAND, FL 32952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TSD  
CHALLGREN, K  
633 IROQUOIS ST  
MERRITT ISLAND, FL 32952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
HALL, JAMES  
625 IROQUOIS STREET  
MERRITT ISLAND, FL 32952**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000639818  
02/28/07-80043-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-07

3214537785