

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001892

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE WOODS AT IROQUOIS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

423 JILLOTUS STREET
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 541627
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-3310953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDORSKI, RONALD S
423 JILLOTUS STREET
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRIEST, KARIN
Address: 440 JILLOTUS ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: BAUER, PATRICIA L
Address: 510 JILLOTUS ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: SIDORSKI, RONALD S
Address: 423 JILLOTUS ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: WILLIAM, KRESHOWSKI
Address: 480 JILLOTUS ST
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: BALBA, CHRISTINE
Address: 553 JILLOTUS STREET
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: WINSTON, DAVE
Address: 573 JILLOTUS STREET
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: WINSTON, SHARON
Address: 573 JILLOTUS STREET
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: RONALD S. SIDORSKI

T

03/18/2009

Electronic Signature of Signing Officer or Director

Date