

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002360

FILED  
Feb 01, 2009  
Secretary of State

**Entity Name:** IDYLVILD LANE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2151 S.W. 41ST LANE  
GAINESVILLE, FL 326088002

**New Principal Place of Business:**

**Current Mailing Address:**

2151 S.W. 41ST LANE  
GAINESVILLE, FL 326088002

**New Mailing Address:**

**FEI Number:** 59-3678561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEATHLEY, CATHY  
2151 S.W. 41ST LANE  
GAINESVILLE, FL 326088002 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: PD ( ) Delete  
Name: KEATHLEY, CATHY  
Address: 2151 S.W. 41ST LANE  
City-St-Zip: GAINESVILLE, FL 326088002

Title: VD ( ) Delete  
Name: MILLER, LARRY  
Address: 2161 S.W. 41ST LANE  
City-St-Zip: GAINESVILLE, FL 326088002

Title: TD ( ) Delete  
Name: MILLER, PAT  
Address: 2161 S.W. 41ST LANE  
City-St-Zip: GAINESVILLE, FL 326088002

**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:

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: CATHY KEATHLEY

PD

02/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date