

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001942

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** IOLA WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 366  
SAN ANTONIO, FL 335767201 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 366  
SAN ANTONIO, FL 335767201 US

**New Mailing Address:**

**FEI Number:** 59-3669047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLZAPFEL, SANDRA J  
16350 IOLA WOODS TRAIL  
DADE CITY, FL 33523 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: PARHAM, RICHARD H  
Address: 16441 IOLA WOODS TRAIL  
City-St-Zip: DADE CITY, FL 33523

Title: SD ( ) Delete  
Name: SUZANNE, MEYERS  
Address: 16420 IOLA WOODS TRAIL  
City-St-Zip: DADE CITY, FL 33523

Title: TD ( ) Delete  
Name: HOLZAPFEL, SANDRA J  
Address: 16350 IOLA WOODS TRAIL  
City-St-Zip: DADE CITY, FL 33523

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: MICHELLE, MACKEY  
Address: 16224 IOLA WOODS TRAIL  
City-St-Zip: DADE CITY, FL 33523

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA HOLZAPFEL

TD

04/29/2005

Electronic Signature of Signing Officer or Director

Date