

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001942

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

16350 IOLA WOODS TRAIL  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 366  
SAN ANTONIO, FL 335760366 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  
Name: PARHAM, RICHARD H  
Address: 16441 IOLA WOODS TRAIL  
City-St-Zip: DADE CITY, FL 33523

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

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

I hereby 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 all other like empowered.

SIGNATURE: SANDRA HOLZAPFEL

TD

03/02/2010

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

\_\_\_\_\_  
Date