

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90089 002 ***550.00

DOCUMENT # P01000078081

1. Entity Name
IDALIA ANNEX HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business
**C/O 15550 OLD OLGA ROAD
 ALVA FL 33920**

Mailing Address
**C/O 15550 OLD OLGA ROAD
 ALVA FL 33920**

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1131636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, WALTER
 11330 LAKELAND CIRCLE
 FT. MYERS FL 33913**

7. Name and Address of New Registered Agent

Name
DEREK E. Henson
 Street Address (P.O. Box Number is Not Acceptable)
15630 IDALIA DRIVE
 City **Alva** FL Zip Code **33920**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWELL, BRYAN 15580 IDALIA DR. ALVA FL 33920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADAMAKERS, ROBERT 15550 IDALIA DR. ALVA FL 33920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURMAN, DAVID 15551 IDALIA DR. ALVA FL 33920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DEREK E. Henson 15630 IDALIA Drive Alva FL 33920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Derek Sturman 15551 IDALIA Drive Alva FL 33920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Treas Patricia Goldens 15550 OLD OLGA Rd Alva FL 33920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition New
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

13. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

9-10-02 941-267-0635