

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90003 003 ***150.00

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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 381 SR 80 W Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2298 Suite, Apt. #, etc.	
City & State LA BELLE, FL		City & State LA BELLE, FL	
Zip 33935		Zip 33975	
Country USA		Country USA	
4. FEI Number 65-1131636		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENSON, DEREK G 15630 IDALIA DRIVE ALVA, FL 33920		7. Name and Address of New Registered Agent Name BARBARA N. WILLARD, CPA Street Address (P.O. Box Number is Not Acceptable) 381 SR 80 W City LA BELLE	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
SIGNATURE <i>Barbara N. Willard</i>		DATE 2/19/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HENSON, DEREK G STREET ADDRESS 15630 IDALIA DRIVE CITY-ST-ZIP ALVA, FL 33920	<input checked="" type="checkbox"/> Delete	TITLE D NAME ROBERT RADEMAKERS STREET ADDRESS 15550 IDALIA DR. CITY-ST-ZIP ALVA, FL 33920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME GIDDENS, PATRICIA STREET ADDRESS 15550 OLD OLGA RD CITY-ST-ZIP ALVA, FL 33920	<input checked="" type="checkbox"/> Delete	TITLE D NAME RANDY HAMILTON STREET ADDRESS 15521 IDALIA DR CITY-ST-ZIP ALVA FL 33920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE T, S NAME BARBARA N. WILLARD STREET ADDRESS 381 SR 80 W CITY-ST-ZIP LA BELLE, FL 33935	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Barbara N. Willard</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA N. WILLARD, SECT.	
Date		Date Phone #	