



Idaho Corporation Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005852019

Date Filed: 8/5/2024 1:36:00 PM

Due no later than: 06/30/2025

Annual Report: No filing fee if received by the due date.

SOS Control Number: 329214

Filing Status: Active-Good Standing

Non-Profit Corporation (D)

Date Formed: 06/20/1994

Formation Locale: ID

Name and Mailing Address:

SOUTH TROY HOMEOWNERS ASSOCIATION, INC.

320 TROY AVE

IDAHO FALLS, ID 83402-2982

(1) Add or Change Mailing Address:

NO CHANGE

Registered Agent (RA) and Registered Office (RO) Address:

NICK POLISKI

250 TROY AVE

IDAHO FALLS, ID 83402

(2) Change RA and/or RO Address:

NO CHANGE

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature: N/A

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Corporations: Enter names and business addresses (with zip code) of the President, Vice President, Secretary, Treasurer.

| Title | Name | Business Address | City, State, Zip |
|----------------|--------------------|------------------|------------------------|
| PRESIDENT | JACK R PETERSON | RETIRED | IDAHO FALLS, ID. 83402 |
| SECRETARY | CAROLYN PETERSON | RETIRED | IDAHO FALLS, ID. 83402 |
| VICE PRESIDENT | NICK POLISKI | 250 TROY AVE | IDAHO FALLS, ID. 83402 |
| TREASURER | CHRISTOPHER LARSEN | 320 TROY AVE | IDAHO FALLS, ID. 83402 |

(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.

| Name | Business Address | City, State, Zip |
|-----------------|------------------|------------------------|
| Nick Poliski | 250 Troy Ave | IDAHO FALLS ID. 83402 |
| JACK R PETERSON | 290 TROY AVE | IDAHO FALLS, ID. 83402 |
| CHRIS LARSEN | 320 TROY AVE | " " |
| | | |
| | | |
| | | |

(5) Signature: [Signature]

(6) Date: 6/24/2024

(7) Type/Print Name: CHRISTOPHER J LARSEN

(8) Title: TREASURER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B09330-1103 08/05/2024 1:36 PM Received by Office of the Secretary of State