



Idaho Corporation Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 10/31/2018

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports

Annual Report: No filing fee if recei If reinstatement is required, the reinsta	450 North 4th Street Boise, ID 83702 Phone: (208) 334-2300		
SOS Control Number: 477071	Filing Status: Active-Good Star	 ng	
Non-Profit Corporation (D)	Date Formed: 10/26/2004	Formation Locale: ID	

PO BOX 52	
STAR, ID 83669	

STREAMVIEW HOMEOWNERS ASSOCIATION, INC.

Registered Agent (RA) a	nd Registered	Office (RO)	Address:
LANDRA GIRARD			

675 N RAMEY CREEK AVE STAR, ID 83669

Name

Name and Mailing Address:

(2) Change RA and/or RO Address:

City, State, Zip

(1) Add or Change Mailing Address:

Note: The Registered Office address must be an Idaho address.

1	(3)	New	Registered	Agent	(RA)	Signature:
1		IACAA	Neuistereu	Auciii	\cdots	Sidilatule.

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

Business Address

itle	Name (chard D)	Business Address	City, State, Zip	
Res.	Denny Bu	tw 1005/17/2000 C	t Star ID 8360	69
1 Pres	DEREK Emo	it 9911 w Braz Cr	St 1 1	
See	amber army	strong 651 N Ramey or	AUE /	
Treas	Soundry Les	aid 675 71 Ramey Cr.	AUE V	

lant at		
4		
(5) Signature: + Strard	(6) Date: /2/1//8	
(7) Type/Print Name L. G. rard	(8) Title: Tre as	

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

State Lawerence Denney

AM Received