



## **Idaho Corporation Annual Report Form**

File online at: sosbiz.idaho.gov

Due no later than: 09/30/2021

## Return completed form within 30 days to

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.					Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 298608			iling Status: Active-Good	d Standing		2 N
Non-Profit Corporation (D)			ate Formed: 09/25/1991	Form	nation Locale: ID	
Name and Ma	ailing Address:			(1) Add or Chan	ge Mailing Address:	٠
NORTH HENRY'S LAKE PROPERTY OWNER'S ASSOCIATION						
3924 HIGHW						N
ISLAND PAR	K, ID 83429-5108					A
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and					and/or RO Address:	_
MELISSA J. E						Ce i Ve a
3924 HIGHW						o c
ISLAND PAR	N, ID 03429					Ď.
						λ
	Note: The Re	gistered Off	fice address must be a physi	cal Idaho addres:	s (no postal box).	~
		_	,			Ð
(3) New Regi	stered Agent (RA) Sign	ature:	If a new agent is appointed in ite	em (2) above the ne	ew agent must sign here to accep	
(4) Corporations	· Enter names and husiness s	ddresses (w	vith zip code) of the President,			Ö
Title	Name .		Business Address		City, State, Zip	<u> </u>
Pres	Mclissa Bue	hler	3924 HWY 87		Island Park	1d 8342
Treas	11.4754 242	<i>i</i>	13		10	<u> </u>
Sec.	Sharlene Rei	inolds	3918 Brockie	Lne	1/	~
	/					0
(5) Board of Dire	ectors names and business ad	dresses (wit	h zip code). Attach additional	sheet if necessary		H
Name		Busine	ess Address		City, State, Zip	V)
Melis	sa Buehler	392	4 HWY. 87		131and Pa	TK 83420
Shar	Lene Reynola	<del>,</del>	18 Brockie	Lnc.	Li	<del></del>
MIKE	Keynolds	100	11		//	
BATTY	Lewis Demille	770	1 Henrys Lax	C Dr.	;)	<del></del>
Tracy	Reynolds	271	271 NICA-VILLE	v. D.C	Wanker 1	0 502630
and A	1000 Chalfu	47	20 Cumperlain	20-		5 834010
<del></del>	1/1/2 - 11:11	<del></del>	V VVIII CY VVIII	~ 121	1 1 01 0000	5
(5) Signature:	Milissa To	Suc	h/cs	(6) Date: 8	121/21	<u>Ω</u>
(7) Type/Print Name: MELISSA BUEHLER (8) Title: PRES TREAS.						· · ·
Instructions: L	egibly complete the form abov	ve. Sign and	d date this form and return to the	ne address provide	ed above.	nn