

Idaho Corporation Annual Report Form

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For Office Use Only

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Date Filed: 7/7/2023 2:43:00 PM

Due no later than: 07/31/2023

Return control Idaho Se Attn: Ann

(5) Signature:

(7) Type/Print Name:

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

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

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SOS Control Number: 263112		Filing Status: Active-Go	Filing Status: Active-Good Standing		
Non-Profit Corporation (D)		Date Formed: 07/24/19	87 For	ormation Locale: ID	
Name and Ma	ailing Address:	1 (MIC) A 1 4 MIC 497 1	(1) Add or Cha	nge Mailing Address:	N
COLLINWOO	D ESTATES HOMEON	WNERS ASSOCIATION, INC.			
KELLEY BRE					Ξ
848 W MELR					שי
BOISE, ID 83	3706-4668				PM
Registered A	gent (RA) and Regist	ered Office (RO) Address:			77 0
Carole Whiteleather (2) Change RA and/or RO Address:					Q D
801 W IVYWI	LD LN)ive
BOISE, ID 83706					
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	Note: The R	egistered Office address must be a ph	ysical Idaho addres	ss (no postal box).	ሃ
(3) New Regis	stered Agent (RA) Sig	nature:			OH H
(o)	otorou /tgone (rat) oig		n item (2) above, the r	new agent must sign here to accept the appoi	
(4) Corporations:	Enter names and business	addresses (with zip code) of the Preside	nt, Vice President, S	ecretary, Treasurer.	Ω
Title	Name	Business Address		City, State, Zip	
The sident	Deborah Si	cenr 840 W Fogw	id d hn	Boise Fd 83706	<u>U</u>
Vice Preside	A Jorden Clit	ford 815 w Melros	se for	Buise IN 83706	
Trasares	Kelley Breen	848 W Melro	se kn	Boise FD 83706	_5_
Sectary		eather 801 W Fugu		BoiSt Id 83706	<u> </u>
(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.					H
Name		Business Address		City, State, Zip	O D
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					<u>n</u>
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(6) Date:

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

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