


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90262 017 ****61.25

DOCUMENT # 770843

1. Entity Name
INDIAN OAKS HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.




Principal Place of Business Mailing Address

**1815 MICCOSUKEE COMMONS DRIVE
 SUITE 104
 TALLAHASSEE, FL 32308**

**POST OFFICE BOX 14019
 TALLAHASSEE, FL 32317**

DO NOT WRITE IN THIS SPACE

40039760



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2459655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAUGHTRY, TAMMY S.
 1815 MICCOSUKEE COMMONS DRIVE
 SUITE 104
 TALLAHASSEE, FL 32308**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUZIETTI, GINO 4476 BAYSHORE CIRCLE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLOGG, KATHY 9601 MICCOSUKEE RD., #48 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUZIETTI, JOHN 11211 MOUNTAINCREST DRIVE HUNTSVILLE, AL 35803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: *Kathryn Kellogg* Kathryn Kellogg Date: **3/23/06** Daytime Phone # **850 489 0257**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **850 878 2091**