

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 005 ****61.25

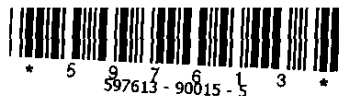
DOCUMENT # N44056

1. Corporation Name

INDIAN LAKES SUBDIVISION HOMEOWNERS ASSOCIATION,
INC.

Principal Place of Business
P.O. BOX 272601
TAMPA FL 33688-2601

Mailing Address
P.O. BOX 272601
TAMPA FL 33688-2601



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified
06/21/1991

4. FEI Number
62-1481957

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KLEINER, JAMES E.
13518 BELLINGHAM DR
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name

Lashea Lockhart

82 Street Address (P.O. Box Number is Not Acceptable)

83 13437 Bellingham Dr.

84 City

Tampa

FL

85 Zip Code

33625

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Lashea C. Lockhart

Lashea C. Lockhart

7/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MILLER, DONNA
STREET ADDRESS 13438 BELLINGHAM DR
CITY-ST-ZIP TAMPA FL 33625 ☒ DELETE

TITLE DV
NAME REISS, MIKE
STREET ADDRESS 13436 BELLINGHAM DR
CITY-ST-ZIP TAMPA FL 33625 ☒ DELETE

TITLE DTDS
NAME KLEINER, JAMES E
STREET ADDRESS 13518 BELLINGHAM DR
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Heather Driscoll
1.3 STREET ADDRESS 13546 Bellingham Dr
1.4 CITY-ST-ZIP Tampa FL 33625

2.1 TITLE DV ☒ Change ☐ Addition
2.2 NAME Scott Stephan
2.3 STREET ADDRESS 13510 Bellingham Dr
2.4 CITY-ST-ZIP Tampa FL 33625

3.1 TITLE DTDS ☒ Change ☐ Addition
3.2 NAME Lashea Lockhart
3.3 STREET ADDRESS 13437 Bellingham Dr
3.4 CITY-ST-ZIP Tampa FL 33625

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

Lashea C. Lockhart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99

Date

813-968-7302

Daytime Phone #

CR2E037 (5/99)

0011678