2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# N44056

Entity Name: INDIAN LAKES SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 272601
TAMPA, FL 336882601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 272601
TAMPA, FL 336882601

New Mailing Address:

FEI Number: 62-1481957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRANCE, MERILEE
13402 BELLINGHAM DR.
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NIVEVES, MARIA
Address: 13542 BELLINGHAM DR.
City-St-Zip: TAMPA, FL 33625

Title: DV ( ) Delete
Name: ADAMS, THERESA
Address: 13408 BELLINGHAM DR.
City-St-Zip: TAMPA, FL 33625

Title: DTDS ( ) Delete
Name: FRANCE, MERLIEE
Address: 13402 BELLINGHAM DR.
City-St-Zip: TAMPA, FL 33625

Title: V ( ) Delete
Name: SPALO, CINDY
Address: 13418 BELLINGHAM DR.
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: NIEVES, MARIA
Address: 13542 BELLINGHAM DR.
City-St-Zip: TAMPA, FL 33625

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA NIEVES DP 07/07/2005

Electronic Signature of Signing Officer or Director — Date