

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED APPROVED AND FILED

DOCUMENT # N99000001929
1. Entity Name
INDIAN SUMMER HOMEOWNERS ASSOCIATION, INC

02 JUL 18 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
116 E CHICKASAW LN.
Suite, Apt. #, etc.

3. Mailing Address
116 E CHICKASAW LN
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PORT ST JOE, FL

City & State
PORT ST JOE, FL

Zip
32456

Country
GULF

Zip
32456

Country
GULF

FEI Number
01-0733595

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JAMES A LLOYD

Street Address (P.O. Box Number is Not Acceptable)
116 E CHICKASAW LN

City
PORT ST JOE FL Zip Code
32456

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.

SIGNATURE
JAMES A LLOYD, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
7/16/02

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / DIRECTOR JAMES A LLOYD 116 E CHICKASAW LN PORT ST JOE, FL 32456	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P / SECRETARY / DIRECTOR TRISH PETRIE 140 PAINTED PONY RD PORT ST JOE, FL 32456	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100006663121-- -07/25/02--01048--008 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER / DIRECTOR MIKE GRABAREK 7137 EDGEWATER DR MANDVILLE, LA 70471	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR TERRY HENDERSON RT 1, BOX 116 HEADLAND, AL 36345	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR RICHARD E PARVEY 1008 GORDEN AVE THOMASVILLE, GA 31792	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE
JAMES A LLOYD, PRESIDENT
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
6/28/02

DAYTIME PHONE #
850-229-7244

CR2E037B (12/01)