


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90021 041 \*\*\*\*61.25

**DOCUMENT # N99000001929**

1. Entity Name  
**INDIAN SUMMER HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 116 E. CHICKASAW LN  
 PORT ST JOE, FL 32456

Mailing Address  
 116 E. CHICKASAW LN  
 PORT ST JOE, FL 32456


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

24005760



01072004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**01-0733595** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LLOYD, JAMES A**  
**116 E CHICKASAW LN**  
**PORT ST JOE, FL 32456**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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, 2004**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LLOYD, JAMES A	
STREET ADDRESS	16 E CHICKASAW LN	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PETRIE, TRISH CHRIS	
STREET ADDRESS	140 PAINTED PONY RD	
CITY-ST-ZIP	PORT ST JOE, FL 32456	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRABAREC, MIKE	
STREET ADDRESS	7137-EDGEWATER DR.	
CITY-ST-ZIP	MANDEVILLE, LA 70471	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, TERRY	
STREET ADDRESS	RT 1 BOX 116	
CITY-ST-ZIP	HEADLAND, AL 36345	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANTON, TRAVIS	
STREET ADDRESS	1505 COLONIAL DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRIE, CHRIS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James A Lloyd **JAMES A LLOYD, PRESIDENT** JAN 7, 2004 850 229-7244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #