

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90422 038 ****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**

30006691



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **01-0733595**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	LLOYD, JAMES A	16 E CHICKASAW LN	PORT ST JOE FL 32456	D	BLANTON, TRAVIS	1505 COLONIAL DR	TALAHASSEE, FL 32303
VSD	PETRIE, TRISH	140 PAINTED PONY RD	PORT ST JOE FL 32456				
TD	GRABAREC, MIKE	7137 EDGEWATER DR	MANDEVILLE LA 70471				
D	HENDERSON, TERRY	RT 1 BOX 116	HEADLAND AL 36345				
D	PARVEY, RICHARD E	1008 GORDEN AVE.	THOMASVILLE GA 31792				

CR2E037 (10/02)

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** 1/10/03 850-229-7244