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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09717** (2)

1. Corporation Name

INDIAN WELLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6777
DELRAY BEACH FL 33482-6777
US

P.O. BOX 6777
DELRAY BEACH FL 33482-6777
US



2. Principal Place of Business

2a. Mailing Address

21 **P.O. BOX 740053**

26 **P.O. BOX 740053**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **BOYNTON BEACH, FL**

28 **BOYNTON BEACH**

Zip

Country

Zip

Country

24 **33474-0053** 25 **U.S.A.**

29 **33474-0053** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIXON, NORMA
6312 BENGAL CIRCLE
BOYNTON BEACH FL 33437

81 Name

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

83

84 City

FL

85 Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/1/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, NANCY	
STREET ADDRESS	6342 BENGAL CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GLASGOW, GEORGE	
STREET ADDRESS	6336 BENGAL CIR	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, NORMA J	
STREET ADDRESS	6312 BENGAL CIR.	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, RICHARD C.	
STREET ADDRESS	6342 BENGAL CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, EDWARD	
STREET ADDRESS	6395 INDIAN WELLS BLVD	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE GLASGOW	
1.3 STREET ADDRESS	6336 BENGAL CIRCLE	
1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VIRGINIA BARRETT	
2.3 STREET ADDRESS	6395 INDIAN WELLS BOULEVARD	
2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NORMAN NEFF	
3.3 STREET ADDRESS	6322 BENGAL CIRCLE	
3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NORMA DIXON	
4.3 STREET ADDRESS	6312 BENGAL CIRCLE	
4.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRANCIS CUOMO	
5.3 STREET ADDRESS	6256 MADRAS CIRCLE	
5.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, or on an attachment with an address.

SIGNATURE:

[Signature] **GEORGE A. GLASGOW**

Date

3/1/97

Daytime Phone # **(561) 732 0868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)