

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35633

Entity Name: INDIAN OAKS HOME OWNERS ASSOCIATION OF ROCKLEDGE
INCORPORATED**FILED**
Mar 06, 2014
Secretary of State
CC5259526935**Current Principal Place of Business:**780 BARNES BLVD
ROCKLEDGE, FL 32955**Current Mailing Address:**PO BOX 561012
ROCKLEDGE, FL 32956 US**FEI Number: 59-2987247****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PELISARI, BILL
1385 PHEASANT RUN
ROCKLEDGE, FL 32955 US*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: BILL PELISARI****03/06/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	PELISARI, BILL
Address	1385 PHEASANT RUN
City-State-Zip:	ROCKLEDGE FL 32955

Title	D
Name	SNYDER, GARY
Address	1366 INDIAN OAKS BLVD.
City-State-Zip:	ROCKLEDGE FL 32955

Title	TD
Name	POORMAN, NETTIE
Address	1382 FEATHER SOUND
City-State-Zip:	ROCKLEDGE FL 32955

Title	D
Name	BLISS, JACK
Address	1391 PHEASANT RUN
City-State-Zip:	ROCKLEDGE FL 32955

Title	VP
Name	EATON, BILL
Address	1371 INDIAN OAKS BLVD.
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	STEWART, BARBARA
Address	1375 PHEASANT RUN
City-State-Zip:	ROCKLEDGE FL 32955

Title	DIRECTOR
Name	TRENGER, RALPH
Address	1352 INDIAN OAKS BLVD.
City-State-Zip:	ROCKLEDGE FL 32955

I hereby 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 all other like empowered.

SIGNATURE: BILL PELISARI**PRESIDENT****03/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date