

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001929

**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**1396135669CC**

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

**Current Principal Place of Business:**

149 PAINTED PONY ROAD  
PORT ST JOE, FL 32456

**Current Mailing Address:**

149 PAINTED PONY ROAD  
PORT ST JOE, FL 32456 US

**FEI Number: 01-0733595**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PETRIE, CHRISTOPHER W  
149 PAINTED PONY ROAD  
PORT ST JOE, FL 32456 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           PETRIE, CHRISTOPHER W  
Address        149 PAINTED PONY RD  
City-State-Zip: PORT ST JOE FL 32456

Title           SECRETARY  
Name           PETRIE, TRISH  
Address        209 PAINTED PONY ROAD  
City-State-Zip: PORT ST. JOE FL 32456

Title           VP  
Name           BLANTON, TRAVIS  
Address        2105 EAST RANDOLPH CIRCLE  
City-State-Zip: TALLAHASSEE FL 32308

Title           BOARD MEMBER  
Name           FLOYD, JIM  
Address        1443 FLINT ROCK TRAIL  
City-State-Zip: ARDEN NC 28704

Title           PRESIDENT  
Name           HULL, WARREN  
Address        205 PAINTED PONY ROAD  
City-State-Zip: PORT ST. JOE FL 32456

*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: CHRISTOPHER W. PETRIE**

**TREASURER**

**01/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date