#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001929

Entity Name: INDIAN SUMMER HOMEOWNERS ASSOCIATION, INC.

**FILED** Jan 29, 2013 **Secretary of State** CC3181177278

## **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 **TRES** Title SEC

PETRIE, CHRISTOPHER W Name PEARCE, KIM Name

140 PAINTED PONY RD Address 4612 BLUE SPRING PLACE Address

City-State-Zip: ALBANY GA 31721 PORT ST JOE FL 32456 City-State-Zip:

Title **PRESIDENT** Title BD

Name BLANTON, TRAVIS Name HENDERSON, TERRY Address 1505 COLONIAL DR Address RT 1 BOX 116 TALLAHASSEE FL 32303 City-State-Zip: HEADLAND AL 36345

City-State-Zip:

**BOARD MEMBER** Title Title **BOARD MEMBER** Name SPIERS, BILL Name PEARCE, RAY

Address 2945 TALL TIMBERS ROAD 4612 BLUE SPRING PLACE Address City-State-Zip: BATON ROUGE LA 70816 City-State-Zip: ALBANY GA 31721

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** 

01/29/2013