#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001929

Entity Name: INDIAN SUMMER HOMEOWNERS ASSOCIATION, INC.

FILED
Jan 12, 2018
Secretary of State
CC6526254104

# **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

Name PETRIE, CHRISTOPHER W Name PEARCE, KIM

Address 140 PAINTED PONY RD Address 4612 BLUE SPRING PLACE

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

TitlePRESIDENTTitleBOARD MEMBERNameBLANTON, TRAVISNamePEARCE, RAY

Address 2105 EAST RANDOLPH CIRCLE Address 4612 BLUE SPRING PLACE

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: ALBANY GA 31721

Title BOARD MEMBER, ARC CHAIR Title BOARD MEMBER

Name SPIERS, BILL Name HENDERSON, TERRY R

Address 108 EAST CHICKASAW LANE Address 720 SOUTH MAIN STREET

City-State-Zip: PORT ST. JOE FL 32456 City-State-Zip: HEADLAND AL 36345

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** 

01/12/2018