

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 09, 2009
Secretary of State

DOCUMENT# 707024

Entity Name: INDIAN LAKE ESTATES, INC.**Current Principal Place of Business:**7510 RED GRANGE BLVD.
INDIAN LAKE ESTATES, FL 33855 US**New Principal Place of Business:****Current Mailing Address:**RED GRANGE BLVD.
P.O. BOX 7395
INDIAN LAKE ESTATES, FL 33855 US**New Mailing Address:**P.O. BOX 7395
INDIAN LAKE ESTATES, FL 33855 US**FEI Number:** 23-7241364**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GALLOWAY, ALBERT C JR.
202 EAST STUART AVENUE
LAKE WALES, FL 33853 US**Name and Address of New Registered Agent:**DUBOSE, JOHN E ESQ
1516 E COLONIAL DRIVE
SUITE 105
ORLANDO, FL 32802 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: JOHN E. DUBOSE, JR.

10/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DUREAULT, RICHARD
Address: P.O. BOX 7492
City-St-Zip: INDIAN LAKE ESTATES, FL 3385574

Title: T () Delete
Name: MEYERS, WILLIAM A
Address: P.O. BOX 7512
City-St-Zip: INDIAN LAKE ESTATES, FL 3385575

Title: S () Delete
Name: O'NEIL, JOANNE K
Address: P.O. BOX 7154
City-St-Zip: INDIAN LAKE ESTATES, FL 3385571

Title: D () Delete
Name: KELLY, J. W
Address: P.O. BOX 7704
City-St-Zip: INDIAN LAKE ESTATES, FL 3385577

Title: P () Delete
Name: SOHNI, SUSAN
Address: P.O. BOX 7519
City-St-Zip: INDIAN LAKE ESTATES, FL 3385575

Title: D () Delete
Name: GILCHRIST, GREGORY L
Address: P.O. BOX 7395
City-St-Zip: INDIAN LAKE ESTATES, FL 3385573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUSAN SOHNI

P

10/09/2009

Electronic Signature of Signing Officer or Director

Date