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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 715298

INDIAN HILLS HOMEOWNERS ASSOCIATION, INC.

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Principal Place	e of Business	Mailing Address		·····	-			
= 2532 DAKOTA	TR	2532 DAKOTA TR		وروجي والراب	الأزار الأراباط (1881) الأولاد (1881) المستحدد أحجيت	0.18181 1811 81811 B	DIBIT BIBLI DILLI BIBL	
FERN PARK FL		FERN PARK FL 32730						
2. Principal P	Place of Business	2a. Mailing Address			Date Incorporated or Qual	lifed		
21		26			09/23/1968			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		App	lied For
22		27			59-2469493			Applicable
City & Stat	te	City & State			5. Certificate of Status Desire	ed 🗆	\$8.75 A	
23		28					Fee Rec	
Zip 24	Country 25	Zip 29	Country 30	/	6. Election Campaign Finance Trust Fund Contribution	cing 🖂	\$5.00 Added to	
	9. Name and Address of Curre				10. Name and Address of N	ew Registere	d Agent	
			81	Name				
STABILE,			82	Street A	Address (P.O. Box Number is Not Acc	ceptable)		
2532 DAK			83	 	· · · · · · · · · · · · · · · · · · ·			· · · · -
FERN PAR	RK FL 32730		03	1				
li .			84	City		F		
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_11Pursuant	to the provisions of Sections 617,05	02 and 617 1508; Florida:Stati	ites; the abov	re-named:0	corporation submits this statement for	the purpose	of changing its:	egistered ==
office or r	registered agent ar both in the State	of Florida, Such change was	authorized by	the corboi	corporation:submits.this statement for ration's board of directors. I hereby a	r-the:purpose- iccept the app	of changing its recontract as reg	registered == istered
office or r	registered agent, or both, in the State me familiar with, and accept the obliging	e of Florida. Such change was ations of, Section 617.0503, Fl	authorized by lorida Statutes	the corboi	corporation:submits this statement for ration's board of directors. I hereby a	iccepi ine app		egistered == istered
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CASE . 10,1999 - 331- 6208

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90043 010 ****61.25