2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715298

FILED Apr 24, 2007 Secretary of State

Entity Name: INDIAN HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O.BOX 300246 2109 WINNEBAGO

FERN PARK, FL 32730 US FERN PARK, FL 32730 US

Current Mailing Address: New Mailing Address:

P.O BOX 300246

FRN PARK, FL 32730 US

FEI Number: 59-2469493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NELSON, NEAL A 1957 CREE TRAIL

CASSELBERRY, FL 32707 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 JAMES, ROBERT
 Name:
 PRESCOTT, JEFFERY

 Address:
 2632 TALBOT RD
 Address:
 2109 WINNEBAGO TRAIL

 City St 7in:
 FERNI DARK FL 23730

City-St-Zip: FERN PARK, FL 32730 City-St-Zip: FERN PARK, FL 32730

Title: VP () Delete Title: VP (X) Change () Addition Name: WASMUND, BRETT A Name: ALVERA, ARMOUR Address: 1903 COLLIER Address: 2027 CREE TRAIL

 Address:
 1903 COLLIER
 Address:
 2027 CREE TRAIL

 City-St-Zip:
 FERN PARK, FL 32730
 City-St-Zip:
 CASSELBERRY, FL 32707

Title: S () Delete Title: S (X) Change () Addition Name: VAN HORN, CAROL Name: GLUMICICH, DAWN

 Name:
 VAN HORN, CAROL
 Name:
 GLUMICICH, DAWN

 Address:
 2647 FALMOUTH RD
 Address:
 2026 CREE TRAIL

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:
 CASSELBERRY, FL 32707

Title: T () Delete Title: () Change () Addition

 Name:
 NELSON, NEAL A
 Name:

 Address:
 1957 CREE TRAIL
 Address:

 City-St-Zip:
 CASSELBERRY, FL 32707
 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: NEAL NELSON T 04/24/2007