

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715298

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: INDIAN HILLS HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

1957 CREE TRAIL  
CASSELBERRY, FL 32707 US

## New Principal Place of Business:

2045 SEPLER DR  
FERN PARK, FL 32730 US

## Current Mailing Address:

P.O BOX 300246  
FRN PARK, FL 32730 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

NELSON, NEAL A  
1957 CREE TRAIL  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

WILSON, LILLIAN L  
2045 SEPLER DR  
FERN PARK, FL 32730 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: LILLIAN WILSON

04/27/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ARMOUR, ARLIN  
Address: 2027 CREE TRAIL  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete  
Name: PRESSIMONE, GLENN  
Address: 2252 WINSLOW CIR  
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete  
Name: GLUMICICH, DAWN  
Address: 2026 CREE TRAIL  
City-St-Zip: CASSELBERRY, FL 32707

Title: T ( ) Delete  
Name: NELSON, NEAL A  
Address: 1957 CREE TRAIL  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: NAGY, DONNA  
Address: 2026 CREE TRAIL  
City-St-Zip: CASSELBERRY, FL 32707

Title: T (X) Change ( ) Addition  
Name: WILSON, LILLIAN L  
Address: 2045 SEPLER DR  
City-St-Zip: FERN PARK, FL 32730

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: LILLIAN WILSON

TREA

04/27/2009

Electronic Signature of Signing Officer or Director

Date