

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715298

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Entity Name:** INDIAN HILLS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2045 SEPLER DR  
FERN PARK, FL 32730 US

**New Principal Place of Business:**

**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:**

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

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

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

**OFFICERS AND DIRECTORS:**

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

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

Title: S  
Name: NAGY, DONNA  
Address: 2026 CREE TRAIL  
City-St-Zip: CASSELBERRY, FL 32707

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

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: LILLIAN WILSON

TREA

04/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date