

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744356

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** INDIAN LAKE VILLAGE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GOLD PROPERTY MANAGEMENT & ASSOCS.  
275 FOUNTAINBLEU BLVD. SUITE 151  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GOLD PROPERTY MANAGEMENT & ASSOCS.  
275 FOUNTAINBLEU BLVD. SUITE 151  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 59-1938580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLD PROPERTY MANAGEMENT & ASSOCIATES, INC  
275 FONTAINEBLEAU BLVD  
151  
MIAMI, FL 33172 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: PD  
Name: PANDO, ADA  
Address: 10060 NW 9 ST. CIRCLE #8  
City-St-Zip: MIAMI, FL 33172 US

Title: VPD  
Name: PADILLA, ORLANDO  
Address: 10060 NW 9ST. CIRCLE #15  
City-St-Zip: MIAMI, FL 33172 US

Title: SD  
Name: ROJAS, MARIA  
Address: 10000 NW 9TH ST CIRCLE # 9  
City-St-Zip: MIAMI, FL 33172 US

Title: TD  
Name: PLESCENIA, HILDELISA  
Address: 10060 NW 9TH STREET CIRCLE, # 13  
City-St-Zip: MIAMI, FL 33172 US

Title: D  
Name: DIAZ, GEORGE F  
Address: 9990 NW 9TH STREET CIRCLE #206  
City-St-Zip: MIAMI, FL 33172 US

Title: D  
Name: JOCELYN, DE FUERTES  
Address: 10000 NW 9 STREET CIR #11  
City-St-Zip: MIAMI, FL 33172

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: ADA PANDO

P

03/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date