

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756551

FILED
Apr 21, 2006
Secretary of State

Entity Name: INDIAN HILLS HOMEOWNERS' ASSOCIATION OF DESTIN, INC.

Current Principal Place of Business:

P.O. BOX 1060
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1060
DESTIN, FL 32541 US

New Mailing Address:

P.O. BOX 1060
DESTIN, FL 32540 US

FEI Number: 59-2213160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETKOVIC, KATHIE
124 WISH LN.
SANTA ROSA BEACH, FL 32459 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: D () Delete
Name: HENRICKS, ELIZABETH
Address: 1036 MUSSETT BAYOU RD
City-St-Zip: SANTA ROSA BEACH, FL 32549

Title: VPD () Delete
Name: CRABTREE, ROBIN
Address: PO BOX 1113
City-St-Zip: PANAMA CITY, FL 32402

Title: PD () Delete
Name: PETKOVIC, KATHIE
Address: 124 WISH LN
City-St-Zip: SANTA ROSA BCH, FL 32549

Title: D () Delete
Name: LEWIS, RONALD
Address: 610 ALBATROSS
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: PETKOVIC, KATHIE
Address: 124 WISH LN.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD () Delete
Name: DONALDSON, GUY
Address: 326 STAHLMAN AVE.
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ECKEL, MIKE D
Address: 710 LEGION DR. D-4
City-St-Zip: DESTIN, FL 32541

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHIE PETKOVIC

PRES

04/21/2006

Electronic Signature of Signing Officer or Director

Date