



**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 756551</b> 1. Entity Name <b>INDIAN HILLS HOMEOWNERS' ASSOCIATION OF DESTIN, INC.</b>			
Principal Place of Business <b>710 LEGION DRIVE DESTIN, FL 32541 US</b>		Mailing Address <b>P.O. BOX 1060 DESTIN, FL 32540 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 02182008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2213160</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRADLEY, BRANDI 710 LEGION DRIVE, J-5 DESTIN, FL 32541</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U00000845471 03/13/08-80040-011 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADLEY, BRANDI 710 LEGION DRIVE, J-5 DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOLLEY, KELLIE 610 JEREMY CT CRESTVIEW, FL 32539		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBOUR, ALICE P.O. BOX 6565 MIRAMAR BEACH, FL 32550		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEAT, RONNIE 710 LEGION DRIVE, B-4 DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETKOVIC, KATHIE 124 WISH LN. SANTA ROSA BEACH, FL 32459		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DONALDSON, GUY 326 STAHLMAN AVE. DESTIN, FL 32541		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Kellie Folley</i> <b>Kellie Folley TD</b>		Date <b>2-18-08</b> Daytime Phone # <b>850-837-9715</b>	