


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 758975**

1. Entity Name  
**INDIAN HEAD/LEHIGH NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**1905 WAHALAW CT**      **1905 WAHALAW CT**  
**TALLAHASSEE, FL 32301**      **TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**



02222005 No Chg-NP      CR2E037 (10/03)

4. FEI Number  
**59-2965891**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BACHMAN, MARY L.**  
**1905 WAHALAW CT**  
**TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELHARDT, GRANT 1906 CHULI NENE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GANDY, CHRISTY 1611 HASOSAW WENE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BACHMAN, MARY L. 1905 WAHALAW CT TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERSOK, CONNIE 1905 E INDIANHEAD DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOY, CHARLES 1926 E. INDIANHEAD DR. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/13/05-80096-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mary Bachman      Date: April 2005      Daytime Phone #: 850-877-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR