


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
May 14, 2007 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



05112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2965891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

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

000000764113
 05/30/07-80042-020 61.25

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	

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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: *Mary L. Bachman Treasurer* **5-10-07** **850-877-6344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #