


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90047 017 ****61.25

DOCUMENT # 758975 1. Entity Name INDIAN HEAD/LEHIGH NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1905 WAHALAW CT TALLAHASSEE, FL 32301			Mailing Address 1905 WAHALAW CT TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BACHMAN, MARY L. 1905 WAHALAW CT TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GELHARDT, GRANT		NAME		
STREET ADDRESS	1906 CHULI NENE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GANDY, CHRISTY		NAME	Secretary	
STREET ADDRESS	1611 HASOSAW WENE		STREET ADDRESS	2002 Wahalaw Nene	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACHMAN, MARY L.		NAME		
STREET ADDRESS	1905 WAHALAW CT		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERSOK, CONNIE		NAME		
STREET ADDRESS	1905 E INDIANHEAD DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOY, CHARLES		NAME		
STREET ADDRESS	1926 E. INDIANHEAD DR.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Mary L. Bachman</u> <u>Mary L. Bachman</u> <u>4-24-08</u> <u>877-6344</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					