

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758975

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: INDIAN HEAD/LEHIGH NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1905 WAHALAW CT  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1905 WAHALAW CT  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 59-2965891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BACHMAN, MARY L.  
1905 WAHALAW CT  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: GELHARDT, GRANT  
Address: 1906 CHULI NENE  
City-St-Zip: TALLAHASSEE, FL

Title: S ( ) Delete  
Name: CECISHARP, PATTY  
Address: 2002 WAHALAW NENE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete  
Name: BACHMAN, MARY L.  
Address: 1905 WAHALAW CT  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: BERSOK, CONNIE  
Address: 1905 E INDIANHEAD DR  
City-St-Zip: TALLAHASSEE, FL

Title: D ( ) Delete  
Name: MCCOY, CHARLES  
Address: 1926 E. INDIANHEAD DR.  
City-St-Zip: TALLAHASSEE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MARY P. BACHMAN

TREA

04/07/2009

Electronic Signature of Signing Officer or Director

Date