## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15796

Title:

Name:

Address:

City-St-Zip:

( ) Delete

GASKIN, ARLENE M

FORT PIERCE, FL 34981

2804 S. 29TH ST.

FILED May 05, 2008 Secretary of State

Entity Nam	ie: INDIANWO	OOD DEVELOPEMENT CORPOR	RATION				
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
	RAKE DRIVE VN, FL 34956						
Current Mailing Address:			New Mailin	New Mailing Address:			
P.O. BOX 3	RAKE DRIVE 35 VN, FL 34956						
FEI Number:	59-2253258	FEI Number Applied For ( ) FE	El Number Not Appli	cable ( )	Certificate of Status Desired ( )		
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
ROBINSON, BARNETT J P.A. 120 E. PALMETTO PARK RD., STE 150 BOCA RATON, FL 33432 US			21346 ST. <i>A</i> SUITE 302	ROBINSON, BARNETT J P.A. 21346 ST. ANDREWS BLVD. SUITE 302 BOCA RATON, FL 33433 US			
The above in the State		bmits this statement for the purpo	ose of changing its	s registered off	ice or registered agent, or bo	oth,	
SIGNATURE:				05/05/2008			
	Electronic	Signature of Registered Agent			Date	_	
		2)(b), F.S., the corporation did not rec Frust Fund Contribution ( ).	eive the prior notice				
OFFICERS AND DIRECTORS:			ADDITIONS	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	PD () C LARGAY, CHARL 9401 NW 106TH MEDLEY, FL 33	ST., STE 101	Title: Name: Address: City-St-Zip:	( ) (	Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VPAS () D SILLS, RICHARD 17 COMMODORE PALM BCH GARD	ĒPL	Title: Name: Address: City-St-Zip:	SILLS, RICHARD 17 COMMODOR			

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ARLENE GASKIN SEC 05/05/2008

() Change () Addition