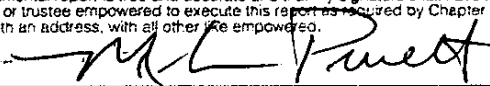


**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90039 016 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N00000005314</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                      |                                                        |                                                                                                                                                                                |
| 1. Entity Name<br><b>INDIAN LAKES HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                |
| Principal Place of Business<br><b>1105 KENSINGTON PARK DRIVE<br/>ALTAMONTE SPRINGS, FL 32714</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                      | Mailing Address<br><b>1105 KENSINGTON PARK DRIVE<br/>ALTAMONTE SPRINGS, FL 32714</b>                                                    |                                                                                                                                                                                |
| 2. Principal Place of Business - No P.O. Box #<br><b>5401 S. Kirkman Rd.<br/>Suite, Apt. #, etc.<br/>Ste. 450</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      | 3. Mailing Address<br><b>5401 S. Kirkman Rd.<br/>Suite, Apt. #, etc.<br/>Ste. 450</b>                                                   |                                                                                                                                                                                |
| City & State<br><b>Orlando FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                      | City & State<br><b>Orlando FL</b>                                                                                                       |                                                                                                                                                                                |
| Zip<br><b>32819</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                      | Zip<br><b>32819</b>                                                                                                                     |                                                                                                                                                                                |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      | Country<br><b>USA</b>                                                                                                                   |                                                                                                                                                                                |
| 6. Name and Address of Current Registered Agent<br><b>COMMUNITY MANAGEMENT PROFESSIONALS, INC.<br/>5401 S. KIRKMAN RD., SUITE 450<br/>ORLANDO, FL 32819</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                |
| Filing Fee is \$61.25<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                      |                                                                                                                                                                                |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                   |                                                                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>MEYER, JOHN<br>1105 KENSINGTON PARK DRIVE<br>ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | PD<br>Michael Fritz<br>5337 millenia Lakes Blvd. Ste. 160<br>Orlando FL 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VPD<br>ROWLETTE, ROBERTA JR.<br>1105 KENSINGTON PARK DRIVE<br>ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | VPD Jack Johannesmeyr<br>Mike Pruitt<br>5337 millenia Lakes Blvd. Ste. 160<br>Orlando, FL 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STD<br>DUGGAN, GREGORY<br>1105 KENSINGTON PARK DRIVE<br>ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | STD Tammy Alverson<br>Kenneth Alverson<br>5337 millenia Lakes Blvd. Ste. 160<br>Orlando, FL 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                              |
| 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 I am empowered. |                                                                                                                                      |                                                                                                                                         |                                                                                                                                                                                |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                      | 2-15-08 407-712-8659                                                                                                                    |                                                                                                                                                                                |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                      | Date Daytime Phone #                                                                                                                    |                                                                                                                                                                                |