


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000004436</b> 1. Entity Name INDIAN MOUNDS SHORES OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 627 HWY. 98 EASTPOINT, FL 32328	Mailing Address 627 HWY. 98 EASTPOINT, FL 32328
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01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3729931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SISUNG, JAMES F 627 HWY. 98 EASTPOINT, FL 32328
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

000000444930  
03/07/06-80023-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SISUNG, JAMES F 627 HWY. 98 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SISUNG, ELIZABETH M 627 HWY. 98 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TUELL, NANCY C 833 HWY. 98 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUELL, WILLIS R 833 HWY. 98 EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, MAX 97 OLD FERRY DOCK RD EASTPOINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** James F. Sisung  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 2006 850-670-8261  
Date Daytime Phone #