2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
04-23-2007 90080 025 ****61.25

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1. Entity Name
INDIAN MOUNDS SHORES OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
627 HWY. 98 EASTPOINT, FL 32328	627 HWY. 98 EASTPOINT, FL 32328

DO NOT WRITE IN THIS SPACE

04022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3729931
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SISUNG, JAMES F
627 HWY. 98
EASTPOINT, FL 32328

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

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

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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: Elizabeth Sisung 5/8/07 850-670-8261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elizabeth Sisung, Secretary