

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004436

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

627 HWY. 98
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

627 HWY. 98
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 59-3729931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SISUNG, JAMES F
627 HWY. 98
EASTPOINT, FL 32328 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: PD () Delete
Name: SISUNG, JAMES F
Address: 627 HWY. 98
City-St-Zip: EASTPOINT, FL 32328

Title: SD () Delete
Name: SISUNG, ELIZABETH M
Address: 627 HWY. 98
City-St-Zip: EASTPOINT, FL 32328

Title: TD () Delete
Name: KING, LAURA
Address: 25 TOMAHAWK CIRCLE
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: KING, DAVID
Address: 25 TOMAHAWK CIRCLE
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: BROWN, MAX
Address: 97 OLD FERRY DOCK RD
City-St-Zip: EASTPOINT, FL 32328

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: ELIZABETH SISUNG

SD

04/27/2009

Electronic Signature of Signing Officer or Director

Date