

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004436

**FILED**  
**Mar 13, 2012**  
**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, ELIZABETH  
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: SD  
Name: SISUNG, ELIZABETH M  
Address: 627 HWY. 98  
City-St-Zip: EASTPOINT, FL 32328

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH SISUNG

RA

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date