

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90081 042 \*\*\*\*61.25

<b>DOCUMENT # N01000007280</b>			
<b>1. Entity Name</b> HOMEOWNER'S ASSOCIATION OF INDIAN SPRINGS, INC.			
<b>Principal Place of Business</b> 1036 LONESOME PINE STREET HOLT, FL 32564 409 N. FERDON BLVD CRESTVIEW, FL 32536		<b>Mailing Address</b> 1036 LONESOME PINE STREET HOLT, FL 32564 P.O. Box 757 CRESTVIEW, FL 32536	
<b>2. Principal Place of Business</b> 409 N. FERDON BLVD Suite, Apt. #, etc. CRESTVIEW, FL		<b>3. Mailing Address</b> P.O. Box 757 Suite, Apt. #, etc. CRESTVIEW, FL	
<b>City &amp; State</b> CRESTVIEW, FL		<b>City &amp; State</b> CRESTVIEW, FL	
<b>Zip</b> 32536		<b>Country</b> USA	
<b>4. FEI Number</b> 16-1668767		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional - Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SMITH, NICOLE 1036 LONESOME PINE STREET HOLT, FL 32564		<b>7. Name and Address of New Registered Agent</b> Name: DAVID A. RUSSELL Street Address (P.O. Box Number is Not Acceptable) 409 N. FERDON BLVD City: CRESTVIEW, FL Zip Code: 32536	
<b>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.</b>			
SIGNATURE: <i>David A. Russell</i>		DAVID A. RUSSELL	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD	<b>NAME</b> BENMON, DENNIS	<b>TITLE</b> PRESIDENT	<b>NAME</b> DAVID A. RUSSELL
<b>STREET ADDRESS</b> 1036 LONESOME PINE STREET	<b>CITY-ST-ZIP</b> HOLT, FL 32564	<b>STREET ADDRESS</b> 409 N. FERDON BLVD	<b>CITY-ST-ZIP</b> CRESTVIEW, FL 32536
<b>TITLE</b> VD	<b>NAME</b> SMITH, MARK	<b>TITLE</b> Change	<b>NAME</b> Add
<b>STREET ADDRESS</b> 1036 LONESOME PINE STREET	<b>CITY-ST-ZIP</b> HOLT, FL 32564	<b>STREET ADDRESS</b> Change	<b>CITY-ST-ZIP</b> Add
<b>TITLE</b> STD	<b>NAME</b> SMITH, NICOLE	<b>TITLE</b> Change	<b>NAME</b> Add
<b>STREET ADDRESS</b> 1036 LONESOME PINE STREET	<b>CITY-ST-ZIP</b> HOLT, FL 32564	<b>STREET ADDRESS</b> Change	<b>CITY-ST-ZIP</b> Add
<b>TITLE</b> Change	<b>NAME</b> Add	<b>TITLE</b> Change	<b>NAME</b> Add
<b>STREET ADDRESS</b> Change	<b>CITY-ST-ZIP</b> Add	<b>STREET ADDRESS</b> Change	<b>CITY-ST-ZIP</b> Add
<b>TITLE</b> Change	<b>NAME</b> Add	<b>TITLE</b> Change	<b>NAME</b> Add
<b>STREET ADDRESS</b> Change	<b>CITY-ST-ZIP</b> Add	<b>STREET ADDRESS</b> Change	<b>CITY-ST-ZIP</b> Add
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>			
SIGNATURE: <i>David A. Russell</i>		DAVID A. RUSSELL	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: MAR 28, 2005 Daytime Phone #: (850) 682-6156	