

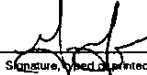
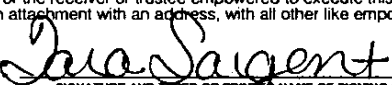


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90022 033 ****61.25

DOCUMENT # N01000007280 1. Entity Name HOMEOWNER'S ASSOCIATION OF INDIAN SPRINGS, INC.					
Principal Place of Business 499 N FERDON BLVD CRESTVIEW, FL 32536				Mailing Address P.O. BOX 757 CRESTVIEW, FL 32536	
2. Principal Place of Business 948 Hiawatha St. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 81 Suite, Apt. #, etc.			
City & State Holt, FL		City & State Holt, FL		4. FEI Number 16-1668767	
Zip 32564		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, DAVID A 499 N FERDON BLVD CRESTVIEW, FL 32536				7. Name and Address of New Registered Agent Name Gregory Geiger, Jr Street Address (P.O. Box Number is Not Acceptable) 948 Hiawatha St City Holt FL Zip Code 32564	
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  Gregory Geiger Jr. President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3-15-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, DAVID A 499 N FERDON BLVD CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Geiger Jr, Gregory 948 Hiawatha St. Holt, FL 32564	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, MARK 1036 LONESOME PINE STREET HOLT, FL 32564	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cork, David 1380 Watson Ave. Pensacola, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, NICOLE 1036 LONESOME PINE STREET HOLT, FL 32564	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sargent, Tara 948 Hiawatha St. Holt, FL 32564	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Johns, Aaron 928 Hiawatha St. Holt, FL 32564	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bosch, Helen 960 Hiawatha St. Holt, FL 32564	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walters, Bridget 921 Hiawatha St Holt, FL 32564	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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  Tara Sargent <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 3-15-06 850-537-8214 <small>Date Daytime Phone #</small>	

ATTACHMENT

50004392

#101000007280

11. Additions/Changes To Officers And Directors in 10

Title	D	<input type="checkbox"/> change <input checked="" type="checkbox"/> addition
Name	Zern, Sharon	
Street Address	P.O. Box 422	
City-St-Zip	Holt, FL 32564	