

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N01000007280

1. Entity Name
**HOMEOWNER'S ASSOCIATION OF INDIAN SPRINGS,
INC.**



Principal Place of Business
**948 HIAWATHA ST
HOLT, FL 32564**

Mailing Address
**P.O. BOX 81
HOLT, FL 32564**



02272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
16-1668767

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GEIGER, JR, GREGORY
948 HIAWATHA ST
HOLT, FL 32564**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000654246
03/13/07-80053-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEIGER, JR, GREGORY 948 HIAWATHA ST HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORK, DAVID 1380 WATSIN AVE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SARGENT, TARA 948 HIAWATHA ST HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNS, AARON 928 HIAWATHA ST HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSCH, HELEN 960 HIAWATHA ST HOLT, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, BRIDGET 921 HIAWATHA ST HOLT, FL 32564

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07

Date

850-537-8214

Daytime Phone #