

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90028 038 ****61.25

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 81 220 SENECA TRAIL HOLT, FL 32564 CRESTVIEW, FL 32536		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1668767	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEIGER, JR, GREGORY DAVID A. RUSSELL 948 HIAWATHA ST HOLT, FL 32564 220 SENECA TRAIL CRESTVIEW, FL 32536			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>David A. Russell</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME GEIGER, JR, GREGORY STREET ADDRESS 948 HIAWATHA ST CITY-ST-ZIP HOLT, FL 32564	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME DAVID A. RUSSELL STREET ADDRESS 220 SENECA TRAIL CITY-ST-ZIP CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME CORK, DAVID STREET ADDRESS 1380 WATSH AVE CITY-ST-ZIP PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete		TITLE VICE-PRESIDENT NAME GREGORY GEIGER, JR. STREET ADDRESS 948 HIAWATHA ST. CITY-ST-ZIP HOLT, FL 32564	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME SARGENT, TARA STREET ADDRESS 948 HIAWATHA ST CITY-ST-ZIP HOLT, FL 32564	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME JOHNS, AARON STREET ADDRESS 928 HIAWATHA ST CITY-ST-ZIP HOLT, FL 32564	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BOSCH, HELEN STREET ADDRESS 960 HIAWATHA ST CITY-ST-ZIP HOLT, FL 32564	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WALTERS, BRIDGET STREET ADDRESS 921 HIAWATHA ST CITY-ST-ZIP HOLT, FL 32564	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input 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: <i>David A. Russell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DAVID A. RUSSELL 2/18/08 850 682-7023 <small>Date Daytime Phone #</small>		