2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 AM
Secretary of State

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Entity Name: INDIAN HILLS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3841 HICPOCHEE BLVD
MOOREHAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

3841 HICPOCHEE BLVD
MOOREHAVEN, FL 33471

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEINKE, AUDREY M
3841 HICPOCHEE BLVD
MOOREHAVEN, FL 33471

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: DP ( ) Delete
Name: STEINKE, BERNARD F
Address: 3841 HICPOCHEE BLVD
City-St-Zip: MOOREHAVEN, FL 33471

Title: DV ( ) Delete
Name: BYRD, RICHARD
Address: 3850 HICPOCHEE BLVD
City-St-Zip: MOOREHAVEN, FL 33471

Title: DS ( ) Delete
Name: SPRINGFIELD, ANNA J
Address: 3765 HICPOCHEE BLVD
City-St-Zip: MOOREHAVEN, FL 33471

Title: DT ( ) Delete
Name: CONSTABLE, SUSAN
Address: INDIAN MOUND RD
City-St-Zip: MOOREHAVEN, FL 33471

Title: DT ( ) Delete
Name: WALDROFF, JAMES
Address: 3740 NORTHSIDE RD
City-St-Zip: MOOREHAVEN, FL 33471

Title: DT ( ) Delete
Name: STONE, DENNIS
Address: INDIAN MOUND RD
City-St-Zip: MOOREHAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BERNARD F. STEINKE DP 06/19/2002
Electronic Signature of Signing Officer or Director — Date