

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90265 024 ****61.25

DOCUMENT # N01000008980					
1. Entity Name INDIAN HILLS COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 8230 CALOOSAHATCHEE DRIVE SW MOORE HAVEN, FL 33471			Mailing Address 8230 CALOOSAHATCHEE DRIVE SW MOORE HAVEN, FL 33471		
2. Principal Place of Business		3. Mailing Address		40027327 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 02-0626034	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEAKE, ELLEN H 8230 CALOOSAHATCHEE DRIVE SW MOORE HAVEN, FL 33471			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 <u>ELLEN B. GEAKE</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		2-22-05 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 <input type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GEAKE, ELLEN H		NAME	NANCY MILLER	
STREET ADDRESS	8230 CALOOSAHATCHEE DRIVE SW		STREET ADDRESS	4040 INDIAN HILLS BLVD SW	
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURLISON, STEVE		NAME	ANN TURNER	
STREET ADDRESS	8205 INDIAN MOUND ROAD SW		STREET ADDRESS	8200 INDIAN MOUND ROAD SW	
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURLISON, MARGIE		NAME	Ricky Constable	
STREET ADDRESS	8205 INDIAN MOUND ROAD SW		STREET ADDRESS	8115 INDIAN MOUND ROAD SW	
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	S <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SPRINGFIELD, ANNA J		NAME	D. Steve Miller	
STREET ADDRESS	3765 HICPOCHEE BLVD SW		STREET ADDRESS	4040 INDIAN HILLS BLVD SW	
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	T <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONSTABLE, SUSAN		NAME	John Geake	
STREET ADDRESS	8115 INDIAN MOUND ROAD SW		STREET ADDRESS	8230 Caloosahatchee Dr SW	
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP	MOORE HAVEN, FL 33471	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINKE, BERNARD		NAME		
STREET ADDRESS	3741 HICPOCHEE BLVD SW		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP		
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.					
SIGNATURE:		ELLEN B. GEAKE		2/22/05 863-583-2522	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	