

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

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

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**



02142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 02-0626034 | Applied For <input type="checkbox"/> Not Applicable |
| 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**

**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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | P |
| NAME | GEAKE, ELLEN H |
| STREET ADDRESS | 8230 CALOOSAHATCHEE DRIVE SW |
| CITY-ST-ZIP | MOORE HAVEN, FL 33471 |

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | TURNER, ANN |
| STREET ADDRESS | 8200 INDIAN MOUNA ROAD SW |
| CITY-ST-ZIP | MOORE HAVEN, FL 33471 |

| | |
|----------------|------------------------|
| TITLE | S |
| NAME | SPRINGFIELD, ANNA J |
| STREET ADDRESS | 3765 HICPOCHEE BLVD SW |
| CITY-ST-ZIP | MOORE HAVEN, FL 33471 |

| | |
|----------------|---------------------------|
| TITLE | T |
| NAME | CONSTABLE, SUSAN |
| STREET ADDRESS | 8115 INDIAN MOUND ROAD SW |
| CITY-ST-ZIP | MOORE HAVEN, FL 33471 |

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | CONSTABLE, RICKY |
| STREET ADDRESS | 8115 INDIAN MOUND ROAD SW |
| CITY-ST-ZIP | MOORE HAVEN, FL 33471 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000688273
04/10/07-80074-001 61.25

**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: *Susan Constable*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07

Date

863-983-6490

Daytime Phone #