

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90031 002 \*\*\*\*70.00

<b>DOCUMENT # N01000008980</b>					
<b>1. Entity Name</b> INDIAN HILLS COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8230 CALOOSAHATCHEE DRIVE SW MOORE HAVEN, FL 33471			<b>Mailing Address</b> 8230 CALOOSAHATCHEE DRIVE SW MOORE HAVEN, FL 33471		
<b>2. Principal Place of Business - No P.O. Box #</b> 1047 Caloosahatchee Dr		<b>3. Mailing Address</b> 1047 Caloosahatchee Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> MOORE HAVEN, FL		<b>City &amp; State</b> MOORE HAVEN, FL		<b>4. FEI Number</b> 02-0626034	
<b>Zip</b> 33471		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GEAKE, ELLEN H 8230 CALOOSAHATCHEE DRIVE SW MOORE HAVEN, FL 33471			<b>7. Name and Address of New Registered Agent</b> Name: <u>Same</u> Street Address (P.O. Box Number is Not Acceptable): <u>1047 Caloosahatchee Dr.</u> City: <u>MOORE HAVEN</u> <u>FL</u> <u>33471</u>		
<b>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.</b>					
SIGNATURE: <u>Ellen H Geake</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>7-17-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> GEAKE, ELLEN H 8230 CALOOSAHATCHEE DRIVE SW MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> TURNER, ANN 8200 INDIAN MOUND ROAD SW MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> SPRINGFIELD, ANNA J 3765 HICPOCHEE BLVD SW MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> CONSTABLE, SUSAN 8115 INDIAN MOUND ROAD SW MOORE HAVEN, FL 33471	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> CONSTABLE, RICKY 8115 INDIAN MOUND ROAD SW MOORE HAVEN, FL 33471	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ellen H Geake</u> <b>ELLEN GEAKE</b>				DATE: <u>7-17-08</u> <u>863546-A63</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	