2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008548

BISHOP, PATRICIA

804 TOMAHAWK TRAIL

BRANDON, FL 33511

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Na	me: INDIAN HILLS SUBDIVISION, INC.			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
	HE TRAIL N, FL 33511	303 APACHE TRAIL BRANDON, FL 33511	US	
Current M	lailing Address:	New Mailing Address:	New Mailing Address:	
303 APAC BRANDON	HE TRAIL N, FL 33511	303 APACHE TRAIL BRANDON, FL 33511	US	
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		: Name and Address of	Name and Address of New Registered Agent:	
COHEN, E 303 APAC BRANDON				
	e named entity submits this statement for t e of Florida.	he purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:			
Electronic Signature of Registered Agent		Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete BAKER, STEVE 609 TOMAHAWK TRAIL BRANDON, FL 33511	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () Delete COHEN, BRUCE 303 APACHE TRAIL BRANDON, FL 33511	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete BAKER, LYNETTE 609 TOMAHAWK TRAIL BRANDON, FL 33511	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	S () Delete	Title· () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE COHEN V 04/30/2008