

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04271

FILED
Apr 21, 2009
Secretary of State

Entity Name: INDIAN SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

310 76TH STREET NW
BRADENTON, FL 34209 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14063
BRADENTON, FL 342800463 US

New Mailing Address:

FEI Number: 59-2622582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNDT, BARBARA TREAS.
319 76TH STREET NW
BRADENTON, FL 34209 US

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: P () Delete
Name: FINELLI, NEAL
Address: PO BOX 14063
City-St-Zip: BRADENTON, FL 34280

Title: VP () Delete
Name: KAMMERLIN, RICHARD VP
Address: PO BOX 14063
City-St-Zip: BRADENTON, FL 34280

Title: T () Delete
Name: ARNDT, BARBARA TREAS
Address: PO BOX 14063
City-St-Zip: BRADENTON, FL 34280

Title: S () Delete
Name: GODBEE, KIM SECR
Address: PO BOX 14063
City-St-Zip: BRADENTON, FL 34280

Title: D () Delete
Name: NOONAN, KATHLEEN
Address: PO BOX 14063
City-St-Zip: BRADENTON, FL 34280

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FINELLI, NEAL PRES
Address: PO BOX 14063
City-St-Zip: BRADENTON, FL 34280

Title: VP (X) Change () Addition
Name: SAMIOS, NICK VP
Address: PO BOX 14063
City-St-Zip: BRADENTON, FL 34280

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

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

Title: D (X) Change () Addition
Name: NOONAN, KATHLEEN OFFICER
Address: PO BOX 14063
City-St-Zip: BRADENTON, FL 34280

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.

SIGNATURE: BARBARA ARNDT

TREA

04/21/2009

Electronic Signature of Signing Officer or Director

Date