

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90143 009 ****70.00

DOCUMENT # N04750 1. Entity Name INDIAN LAKES COMMUNITY ASSOCIATION, INC.			
Principal Place of Business PO BOX 37427 JAX, FL 32236 US		Mailing Address C/O WILLIAM J. CANELOS PO BOX 37427 JACKSONVILLE, FL 32236 US	
2. Principal Place of Business - No P.O. Box # 4275 HUNTINGTON FOREST BLVD Suite, Apt. #, etc.		3. Mailing Address C/O ALAN A. PISAPIA PO BOX 23207 Suite, Apt. #, etc.	
City & State JACKSONVILLE FL Zip 32257 Country U.S.		City & State JACKSONVILLE FL Zip 32241 Country U.S.	
4. FEI Number 59-2532318		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANELOS, WILLIAM J 2905 DOWNING ST JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name ALAN A. PISAPIA Street Address (P.O. Box Number is Not Acceptable) 4275 HUNTINGTON FOREST BLVD. City JACKSONVILLE FL Zip Code 32257	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		PRESIDENT & TREASURER 3/31/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD PISAPIA, ALAN A 4275 HUNTINGTON FRST. JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CANELOS, WILLIAM PO BOX37427 JACKSONVILLE, FL 32236	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIEL, JEFFREY L 1610 NE 143RD ST MIAMI, FL 33181	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		ALAN A. PISAPIA 3/31/07 904 652 9040	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	