

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012270

1. Entity Name
INDIAN LAKE HOMEOWNERS ASSOCIATION AT DESTIN,
INC.



Principal Place of Business
4020 DANCING CLOUD COURT
DESTIN, FL 32550

Mailing Address
1008 AIRPORT ROAD
SUITE C
DESTIN, FL 32541

FILED
Mar 17, 2008 08:00 A
Secretary of State



01292008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-3948038

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LEUCHTMAN, GARY B
501 COMMENDENCIA STREET
PENSACOLA, FL 32502

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD O'NEAL, ALAN M 101-A BUSINESS CENTRE DRIVE DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMITH, WILLIAM H 543 HARBOR BOULEVARD, SUITE 102 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, JULIE 4039 EAST COUNTY HIGHWAY 30-A SEAGROVE BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000861954
04/02/08-80030-017 61.25

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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #