2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005587

FILED Apr 24, 2009 Secretary of State

Entity Name: INDIANOLA ON THE WATER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

113 BROOKS ST SE FT WALTON BCH, FL 32548

Current Mailing Address: New Mailing Address:

215 GRAND BLVD SUITE 200

MIRAMAR BEACH, FL 32550 US

FEI Number: 20-5116347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US

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:

L. _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP () Delete Title: DP (X) Change () Addition

Name:SCOTT, NORMAN B JR.Name:SCOTT, NORMAN B JR.Address:812 BENTLEY LNAddress:812 BENTLEY LN

City-St-Zip: N MYRTLE BCH, SC 29582 US City-St-Zip: N MYRTLE BCH, SC 29582 US

Title: DST () Delete Title: () Change () Addition

 Name:
 MCMASTER, JAMES R
 Name:

 Address:
 655 MCDONOUGH RD
 Address:

 City-St-Zip:
 HAMPTON, GA 30228 US
 City-St-Zip:

Title: DP (X) Delete Title: () Change () Addition

 Name:
 DAVIS, DOUGLAS A
 Name:

 Address:
 23 E CASA LOMA DR
 Address:

 City-St-Zip:
 MARY ESTHER, FL 32569 US
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 CHILCOTE, DEBRA
 Name:

 Address:
 73 LAKESHORE DR
 Address:

 City-St-Zip:
 SHALIMAR, FL 32579 US
 City-St-Zip:

Title: D () Delete Title: DV (X) Change () Addition

 Name:
 MCMASTER, DENNIS R
 Name:
 MCMASTER, DENNIS R

 Address:
 2079 GEORGIA HWY 85
 Address:
 2079 GEORGIA HWY 85

 City-St-Zip:
 SENOIA, GA 30276 US
 City-St-Zip:
 SENOIA, GA 30276 US

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: JAY MCMASTER S 04/24/2009