## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007253

FILED Mar 31, 2009 Secretary of State

Entity Name: INDIAN LAKE HOMEOWNERS ASSOCIATION OF ESCAMBIA COUNTY, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
4400 BAY	OU BLVD			
35 PENSACC	DLA, FL 32505			
Current M	lailing Addres	s:	New Mailing Addres	ss:
4400 BAY	OU BLVD			
35 PENSACC	DLA, FL 32505			
FEI Number	: 30-0491955	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
LONGWE 4400 BAY				
35 PENSACC	DLA, FL 32503	US		
PENSACO The above			ourpose of changing its registere	ed office or registered agent, or both,
PENSACO The above	named entity see of Florida.	submits this statement for the p		ed office or registered agent, or both,
PENSACC The above in the State	named entity see of Florida.			ed office or registered agent, or both,  Date
PENSACC The above in the State SIGNATUI	named entity see of Florida.	submits this statement for the particles of Registered Agric Signature of Registered Agr	ent	
PENSACC The above in the State SIGNATUI	named entity see of Florida.  RE: Electron  S AND DIREC	submits this statement for the particle Signature of Registered Agronal TORS:  Delete W STREET	ent	Date
PENSACC The above In the State SIGNATUI  OFFICER: Vame: Address:	e of Florida.  RE: Electron  S AND DIREC  DP ()  MORRIS, GAIL 5508-B NORTH PENSACOLA, F	ic Signature of Registered Ag  TORS:  Delete W STREET L 32505  Delete W STREET	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: GAIL MORRIS DP 03/31/2009