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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09717 (2)

1. Corporation Name
INDIAN WELLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6777 DELRAY BEACH FL 33482-6777 US	P.O. BOX 6777 DELRAY BEACH FL 33482-6777 US

3. Date Incorporated or Qualified: 06/12/1985
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business
21 P.O. BOX 740053
Suite, Apt #, etc.
22
City & State
23 BOYNTON BEACH, FL
Zip 24 33474-0053 Country 25 U.S.A.

2a. Mailing Address
26 P.O. Box 740053
Suite, Apt. #, etc.
27
City & State
28 BOYNTON BEACH
Zip 29 33474-0053 Country 30 U.S.A.

4. FEI Number: 59-2750942 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DIXON, NORMA
6312 BENGAL CIRCLE
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Norma Dixon 3/1/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	TAYLOR, NANCY		1.2 NAME	GEORGE GLASGOW	
STREET ADDRESS	6342 BENGAL CIRCLE		1.3 STREET ADDRESS	6336 BENGAL CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	GLASGOW, GEORGE		2.2 NAME	VIRGINIA BARRETT	
STREET ADDRESS	6336 BENGAL CIR		2.3 STREET ADDRESS	6395 INDIAN WELLS BOULEVARD	
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	DIXON, NORMA J		3.2 NAME	NORMAN NEFF	
STREET ADDRESS	6312 BENGAL CIR.		3.3 STREET ADDRESS	6322 BENGAL CIRCLE	
CITY-ST-ZIP	BOYNTON BCH. FL		3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	SD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	TAYLOR, RICHARD C.		4.2 NAME	NORMA DIXON	
STREET ADDRESS	6342 BENGAL CIRCLE		4.3 STREET ADDRESS	6312 BENGAL CIRCLE	
CITY-ST-ZIP	BOYNTON BCH FL		4.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	BARRETT, EDWARD		5.2 NAME	FRANCIS CUOMO	
STREET ADDRESS	6395 INDIAN WELLS BLVD		5.3 STREET ADDRESS	6256 MADRAS CIRCLE	
CITY-ST-ZIP	BOYNTON BCH. FL		5.4 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George A. Glasgow GEORGE A. GLASGOW 3/1/97 (561) 732 0868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044663