

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90047 004 \*\*\*\*61.25

**DOCUMENT # N10679**

1. Entity Name

INDIAN VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1815 MICCOSUKEE COMMONS #104  
104  
TALLAHASSEE, FL 32308

Mailing Address

COMMUNITY PROPERTY MGMT  
PO BOX 14019  
TALLAHASSEE, FL 32317 US

**50004173**



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2850841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DAUGHTRY, TAMMY  
1815 MICCOSUKEE COMMONS #104  
#104  
TALLAHASSEE, FL 32308

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RODRIGUE, MARK  
STREET ADDRESS 3152 FOLEY DR  
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE STD  
NAME ERSTGAARD, ANDREW  
STREET ADDRESS 1316 WARRIOR WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE ~~STD~~  
NAME ~~LEWIS, TIM~~  
STREET ADDRESS ~~WARRIOR WAY~~  
CITY-ST-ZIP ~~TALLAHASSEE, FL 32304~~

TITLE D  
NAME Fry, Thomas  
STREET ADDRESS P.O. Box 2241  
CITY-ST-ZIP Windermere, FL 34780

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-06