2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10679

Title:

Name:

Address:

City-St-Zip:

FILED Apr 20, 2008 Secretary of State

Entity Name: INDIAN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 431 WAVERLY ROAD 528 E. PARK AVENUE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32301 **Current Mailing Address: New Mailing Address:** % KRM MANAGEMENT, INC. % KRM MANAGEMENT, INC. 431 WAVERLY ROAD 528 E. PARK AVENUE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32301 US FEI Number: 59-2850841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ISAACS, DAN ISAACS, DAN 431 WAVERLY ROAD 528 E. PARK AVENUE US TALLAHASSEE, FL 32312 US TALLAHASSEE, FL 32301 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: 04/20/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete RODRIGUE, MARK RODRIGUE, MARK MR Name: Name: 3152 FOLEY DR Address: 3152 FOLEY DR Address: City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32309 Title: **DVPS** Title: (X) Change () Addition () Delete FRY, TOM Name: FRY, TOM MR Name: Address: P.O. BOX 2241 Address: P.O. BOX 2241 City-St-Zip: WINDERMERE,, FL 34786 City-St-Zip: WINDERMERE,, FL 34786

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PONTE VEDRA BEACH, FL 32082

DAVIS, LEE S

512 PHEASANT RUN

 Address:
 Address:
 21311 N.E. 20TH AVE

 City-St-Zip:
 City-St-Zip:
 N. MIAMI BEACH, FL 33179

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

 Name:
 Name:
 MCKEE, AMBER MS

 Address:
 Address:
 2039 N. MERIDIAN #272

 City-St-Zip:
 City-St-Zip:
 TALLAHASSEE, FL 32303

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: MARK RODGRIGUE DVP 04/20/2008

(X) Change () Addition

() Change (X) Addition

BURMEISTER, DEBBIE MS

JACKSONVILLE, FL 32259

MANTEL, ESTHER MS.

1197 PERREGNINE CIRCLE E