2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N10679

Entity Name: INDIAN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

% KRM MANAGEMENT, INC.
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2850841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ISAACS, DAN
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: RODRIGUE, MARK MR
Address: 3152 FOLEY DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: DP ( ) Delete
Name: FRY, TOM MR
Address: P.O. BOX 2241
City-St-Zip: WINDERMERE,, FL 34786

Title: DT ( ) Delete
Name: BURMEISTER, DEBBIE MS
Address: 1197 PERREGNINE CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete
Name: MANTEL, ESTHER MS.
Address: 21311 N.E. 20TH AVE
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: DS ( ) Delete
Name: MCKEE, AMBER MS
Address: 2039 N. MERIDIAN #272
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: RODRIGUE, MARK MR
Address: 3152 FOLEY DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVP (X) Change ( ) Addition
Name: FRY, TOM MR
Address: P.O. BOX 2241
City-St-Zip: WINDERMERE,, FL 34786

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: MCKEE, AMBER MS
Address: 907 SHADOWLAWN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: TOM FRY DVP 04/28/2009

Electronic Signature of Signing Officer or Director — Date