

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-21-2006 90013 019 ****61.25

DOCUMENT # N11862

1. Entity Name

CHURCH SQUARE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

41 D POINCIANA DR
INDIAN LAKE ESTATES FL 33855
US

Mailing Address

P.O. BOX 7715
INDIAN LAKE ESTATES FL 33855-7715



2. Principal Place of Business

6960 ORLANDO DR.

3. Mailing Address

P.O. BOX 7715

Suite, Apt. #, etc.

P.O. BOX 7715

Suite, Apt. #, etc.

City & State

INDIAN LAKE ESTATES,

City & State

Zip

33855

Country

FLA

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

THARP, JULIAN K
41 D POINCIANA DR
P.O. BOX 7715
INDIAN LAKE ESTATES FL 33855

7. Name and Address of New Registered Agent

Name SIMMS, JOHN
Street Address (P.O. Box Number is Not Acceptable)
6960 ORLANDO DR.
P.O. BOX 7715
City INDIAN LAKE ESTATES FL Zip Code 33855

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

John E. Simms

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

03/08/06

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THARP, JULIAN K	
STREET ADDRESS	41 D POINCIANA DR	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FRANK, JOSEPH	
STREET ADDRESS	45 A ORLANDO DR	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMS, JOHN	
STREET ADDRESS	43 A ORLANDO DR	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMMS, JAN	
STREET ADDRESS	43-A ORLANDO DR.	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL	
TITLE	BD	<input type="checkbox"/> Delete
NAME	BURGERS, TOM	
STREET ADDRESS	41-C-ORLANDO DR	
CITY-ST-ZIP	INDIAN LAKE ESTATES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NELSON, GLENNA	
STREET ADDRESS	45-B ORLANDO DR.	
CITY-ST-ZIP	INDIAN LAKES ESTATE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN SIMMS	
STREET ADDRESS	6960 ORLANDO DR.	
CITY-ST-ZIP	INDIAN LAKE ESTATES, FL. 33855	
TITLE	BD FRANKLIN,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, JOSEPH	
STREET ADDRESS	6940 ORLANDO DR.	
CITY-ST-ZIP	INDIAN LAKE ESTATES, FL. 33855	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMS, JAN	
STREET ADDRESS	6960 ORLANDO DR.	
CITY-ST-ZIP	INDIAN LAKE ESTATES, FL. 33855	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, TOM	
STREET ADDRESS	1662 BRADGTON DR.	
CITY-ST-ZIP	INDIAN LAKE ESTATES, FL. 33855	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, GLENNA	
STREET ADDRESS	6930 ORLANDO DR	
CITY-ST-ZIP	INDIAN LAKE ESTATES, FL. 33855	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

John E. Simms

863-692-0063

03/08/06