2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N14591

Entity Name: INDIAN WELLS OSCEOLA COUNTY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3101 POLYNESIAN ISLES
KISSIMMEE, FL 34741

New Principal Place of Business:

3101 POLYNESIAN ISLES
KISSIMMEE, FL 34746

Current Mailing Address:

P O BOX 22087
LAKE BUENA VISTA, FL 32830

New Mailing Address:

3101 POLYNESIAN ISLES
KISSIMMEE, FL 34746

FEI Number: 59-3179061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAY, KARL L
3191 PINTO DRIVE
KISSIMMEE, FL 34746 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: PD ( ) Delete
Name: BAY, KARL L
Address: 3191 PINTO DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete
Name: SUAREZ, JACK
Address: 3295 SMOKE SIGNAL CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: VPD ( ) Delete
Name: HEGNER, KENNETH A
Address: 3285 MOCCASIN DR
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete
Name: MCCARTHY, JOSEPH E
Address: 3188 OWASSA CT
City-St-Zip: KISSIMMEE, FL 34746

Title: STD ( ) Delete
Name: OAKES, LINNELL
Address: 3215 MOCCASIN DRIVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: FOOTE, DENISE
Address: 3264 MOCCSIN DRIVE
City-St-Zip: KISSIMMEE, FL 34746

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

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: KARL L. BAY PD 02/12/2009
Electronic Signature of Signing Officer or Director — Date