NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91742 030 ****61.25

DOCUMENT # N17598

1. Entity Name
Indian Hills Property Owners Assoc Inc.

672270

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2. Principal Place of Business	3. Mailing Address
~~17553 SE Indian Hills Dr~~	6190 Sand Pine Ct
Suite, Apt. #, etc.: 17344 SE Conch Bar Ave	Suite, Apt. #, etc.
City & State: Tequesta FL	City & State: Jupiter FL
Zip: 33469 Country: US	Zip: 33458 Country: US

4. FEI Number: 650068065 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Alan Armour

Street Address (P.O. Box Number is Not Acceptable): 17353 SE INDIAN HILLS DR

City: Tequesta FL Zip Code: 33469

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.

SIGNATURE: Rick Harp — Rick Harpenau, Tres. — 5-15-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brad Hunter - Pres. 17344 SE Conch Bar Ave Tequesta FL 33469
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rick ~~& Kerry~~ Harpenau, Tres. 6190 Sand Pine Court Jupiter, Florida 33458
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec Barbara Brunelle 17464 SE Conch Bar Ave ~~Tequesta FL 33469~~
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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rick Harp — 5-15-02 — 561 743-8696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #