

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90022 002 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                                                                    |                                                                           |                                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N17598</b><br>1. Entity Name<br><b>INDIAN HILLS PROPERTY OWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      |                                                                                    |                                                                           |                                                                                                                  |  |
| Principal Place of Business<br><b>17553 SE INDIAN HILLS<br/>TEQUESTA, FL 33469 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      |                                                                                    | Mailing Address<br><b>17320 SE CONCH BAR AVE<br/>JUPITER, FL 33469 US</b> |                                                                                                                                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      | 3. Mailing Address                                                                 |                                                                           | <br><br>03032008    Chg-NP    CR2E037 (12/06)                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | Suite, Apt. #, etc.                                                                |                                                                           |                                                                                                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      | City & State                                                                       |                                                                           |                                                                                                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                              | Zip                                                                                | Country                                                                   |                                                                                                                                                                                                   |  |
| 4. FEI Number<br><b>65-0068065</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                      |                                                                                    |                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      |                                                                                    |                                                                           | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>COFFEY, JANET L<br/>17320 SE CONCH BAR AVE<br/>TEQUESTA, FL 33469</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      |                                                                                    |                                                                           | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>    Zip Code         </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                      |                                                                                    |                                                                           |                                                                                                                                                                                                   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                           | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                            |  |
| <div style="text-align: right;"> <b>Make check payable to<br/>Florida Department of State</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |                                                                                    |                                                                           |                                                                                                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>              |                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>CORTON, EDWARD</b><br><b>17457 SE INCDIAN HILLS DR</b><br><b>TEQUESTA, FL 33469</b>   | <input type="checkbox"/> Delete                                                    |                                                                           |                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>MCROBERTS, VALARIE</b><br><b>17505 SE INDIAN HILLS DR</b><br><b>JUPITER, FL 33469</b> | <input type="checkbox"/> Delete                                                    |                                                                           |                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br><b>COLLOVA, JANET</b><br><b>17440 SE CONCH BAR AVE</b><br><b>TEQUESTA, FL 33469</b>     | <input checked="" type="checkbox"/> Delete                                         |                                                                           |                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>T</b><br><b>COFFEY, JANET</b><br><b>17320 SE CONCH BAR AVE</b><br><b>TEQUESTA, FL 33469</b>       | <input type="checkbox"/> Delete                                                    |                                                                           |                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____<br>_____<br>_____<br>_____                                                                     | <input type="checkbox"/> Delete                                                    |                                                                           |                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____<br>_____<br>_____<br>_____                                                                     | <input type="checkbox"/> Delete                                                    |                                                                           |                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP</b><br><b>Christine Foster</b><br><b>17536 SE Conch Bar Ave</b><br><b>Tequesta, FL 33469</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |                                                                           |                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____<br>_____<br>_____<br>_____                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                                                                           |                                                                                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____<br>_____<br>_____<br>_____                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |                                                                           |                                                                                                                                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                                                                                      |                                                                                    |                                                                           |                                                                                                                                                                                                   |  |
| <b>SIGNATURE:</b> <i>Janet L Coffey</i> <b>3/1/08</b> <b>561-747-9783</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                      |                                                                                    |                                                                           |                                                                                                                                                                                                   |  |