2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N17598

Entity Name: INDIAN HILLS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17553 SE INDIAN HILLS
TEQUESTA, FL 33469 US

New Principal Place of Business:

Current Mailing Address:

17320 SE CONCH BAR AVE
JUPITER, FL 33469 US

New Mailing Address:

17320 SE CONCH BAR AVE
TEQUESTA, FL 33469

FEI Number: 65-0068065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFFEY, JANET L
17320 SE CONCH BAR AVE
TEQUESTA, FL 33469 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:	P	( ) Delete
Name:	CORTON, EDWARD	
Address:	17457 SE INCDIAN HILLS DR	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	S	( ) Delete
Name:	MCROBERTS, VALARIE	
Address:	17505 SE INDIAN HILLS DR	
City-St-Zip:	JUPITER, FL 33469	
Title:	VP	( ) Delete
Name:	FOSTER, CHRISTINE	
Address:	17536 SE CONCH BAR AVE	
City-St-Zip:	TEQUESTA, FL 33469	
Title:	T	( ) Delete
Name:	COFFEY, JANET	
Address:	17320 SE CONCH BAR AVE	
City-St-Zip:	TEQUESTA, FL 33469	

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:	( ) 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: JANET L COFFEY T 02/12/2009

Electronic Signature of Signing Officer or Director — Date