

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18785

FILED
Jan 21, 2009
Secretary of State

Entity Name: INDIGO ISLES MOBILE HOME PARK OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

9181 GRIGGS RD
STE 73
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

Current Mailing Address:

9181 GRIGGS RD
STE 73
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 59-2360683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAZEL, GERALD
9181 GRIGGS RD., #73
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

CAZEL, GERALD
9181 GRIGGS RD., #73
#73
ENGLEWOOD, FL 34224 US

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:

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WISE, JIM
Address: 9181 GRIGGS RD #72
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: TENELSHOF, ROGER
Address: 9181 GRIGGS RD #27
City-St-Zip: ENGLEWOOD, FL

Title: D () Delete
Name: CAZEL, GERALD
Address: 9181 GRIGGS RD., #35
City-St-Zip: ENGLEWOOD, FL

Title: DS () Delete
Name: KOZERA, ED
Address: 9181 GRIGGS RD #60
City-St-Zip: ENGLEWOOD, FL 34224

Title: DS () Delete
Name: HILDEBRANDT, WALTER
Address: 9181 GRIGGS RD #62
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP () Delete
Name: SMITH, LARRY
Address: 9181 GRIGGS ROAD, #23
City-St-Zip: ENGLEWOOD, FL 34224

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: MEADOWS, PATRICA
Address: 9181 GRIGGS RD #28
City-St-Zip: ENGLEWOOD, FL 34224

Title: P (X) Change () Addition
Name: SANTO PIERTO, JOHN
Address: 9181 GRIGGS RD #42
City-St-Zip: ENGLEWOOD, FL 34224

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: GERALD CAZEL

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date