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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27144** **(7)**

1. Corporation Name

INDIAN HAMMOCK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
932 INDIAN HAMMOCK DR OSTEEN FL 32764	932 INDIAN HAMMOCK DR OSTEEN FL 32764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1988
3a. Date of Last Report: 08/25/1994
4. FEI Number: 59-3015891 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
J SCOTT GREEN 932 INDIAN HAMMOCK DR OSTEEN FL 32764	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	J SCOTT GREEN	12 NAME		
STREET ADDRESS	932 INDIAN HAMMOCK DR	13 STREET ADDRESS		
CITY-ST-ZIP	OSTEEN FL	14 CITY-ST-ZIP		
TITLE	~~PS~~	21 TITLE	DT	☐ Change ☐ Addition
NAME	NEFF, GLENORA	22 NAME	same	
STREET ADDRESS	868 LITTLE BEND RD	23 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGS FL	24 CITY-ST-ZIP		
TITLE	DVP	31 TITLE	DVP	☐ Change ☐ Addition
NAME	[illegible]	32 NAME	CLIFFORD C CHU	
STREET ADDRESS	[illegible]	33 STREET ADDRESS	1209 COMMODORE DR	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		41 TITLE	S	☐ Change ☐ Addition
NAME		42 NAME	JOAN MILLS	
STREET ADDRESS		43 STREET ADDRESS	9334 BAY VISTA ESTATES BLVD	
CITY-ST-ZIP		44 CITY-ST-ZIP	~~ORLANDO, FL 32036~~	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenora Neff GLENORA NEFF April 25, 1995 (407) 774-8179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #