## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90357 046 \*\*\*\*61.25

Principal Place of Business  329 MDNA HAMMOCK R  S292 NDNA HAMMOCK R  S302 OVPRESS RES. P.L. WINTER PARK, FL. 32792  2. Principal Place of Business  Suite, Aprl. 4, etc.  Suite, Aprl. 4, etc.  Suite, Aprl. 4, etc.  City & State  City & Stat	DOCUMENT # N27144  1. Entity Name INDIAN HAMMOCK OWNERS ASSOCIATION, INC.					04-19-2004 90357 046 ****61.25 <b>ፖ</b> ርኒህዓህፕ				
Suite, Apt. #, etc.    Suite, Apt. #, etc.   City & State   City & State   A. FEI Number 59-3015891   Non Applied For 59-3015891   Non Applied For 59-3015891   Non Applied For 59-3015891   September 59-3015891   Non Applied For 59-3015891   September 59-3015891   Non Applied For 59-3015891   September 59-3015891   Septe	932 INDIAN HAMMOCK DR 5320 CYPRESS RES. PL						11011 (COO) 1(C1) O(C)	vi stad P1811 819	II <b>Din</b> ia <b>Bra</b> ia <b>B</b> raia	( <b>4) 14</b> ( <b>11)</b>
City & State  City & State  City & State  City & State  Country  Zip  Country  Size  Size  Size  Size  Country  Size  Si	2. Principal Place of Business 3. Mailing Address									
South   Sout	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04142004 Chg-NP CR2E037 (10/03)				
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the onliquidions of registered agent, or both, in he State of Florida. I am familiar with, and accept the office of registered agent, or both, in he State of Florida. I am familiar with, and accept the office of registered agent, or both, in he State of Florida. I am familiar with, and accept the office of registered agent, or both, in he State of Florida. I am familiar with, and accept the office of registered agent, or both, in he State of Florida. I am familiar with, and accept the office of registered agent, or both, in he State of Florida. I	City & State		City & State					·····		
RETER J SCOTT 932 INDIAN HAMMOCK DR OSTEEN, FL 32764  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. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent agent accept the obligations of registered agent agent	Zip	Country	Zip	Country		_5. Certificate of	of Status Desired,			
Size Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the purpose o		6. Name and Address of Current Re	gistered Agent			7. Name and	Address of New	Registered A	\gent	
B. 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 access the obligations of registered agent.  SIGNATURE  Signature, hyred or private frame of registered agent and title if applicable.  SIGNATURE  Signature, hyred or private frame of registered agent and title if applicable.  SIGNATURE  Signature, hyred or private frame of registered agent and title if applicable.  SIGNATURE	932 INDIA	N HAMMOCK DR								
SIGNATURE Signature, hyeref or printed name of registered agent and title ill applicable. (INOTE Registered Agent agreture reculted when recessating)  Filling Fee is \$61.25	8 The above	named entity submits this statement for the	r register	ed agent, or both	in the State of F		<u>, , , , , , , , , , , , , , , , , , , </u>			
Signature, typend or prehead name of registered agent and title if appointment. (MOTE Registered Agent signature required when reinstating)   DATE	in the obligat	ions of registered agent.	to the same of the		, regione.			्रा ज्यापन	The defendance	(4 Esc.) .C
Trust Fund Contribution. Addied to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE   PD			I title if applicable. (NOTE: F		ture required	when reinstating)	·	DATE	,	
TITLE DS OSTEEN, FL  TITLE DT Delete  TITLE NAME STREET ADDRESS CITY-ST-2IP  DELETE DELETE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  DELETE STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS S	Due by Mov 1, 2004 Trust Fund Contribution					\$5.00 May Be Added to Fees				
NAME STREET ADDRESS OST EEN, FL  TITLE DT NAME NEFF, GLENORA STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NEFF, GLENORA STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP OST EEN, FL  TITLE S- TITLE S- TITLE SOM AGNOLIA LN STREET ADDRESS CITY-ST-ZIP OST EEN, FL  STREET ADDRESS CITY-ST-ZIP  TITLE D OST EEN, FL  STREET ADDRESS CITY-ST-ZIP OST EEN, FL  STREET ADDRESS CITY-ST-ZIP  TITLE D OST EEN, FL  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREE	10.	OFFICERS AND DIRE	CTORS	11.			NGES TO OFFIC	ERS AND DI	RECTORS IN	10
CITY-ST-ZIP	NAME	J SCOTT GREEN	☐ Delete	NAME			to name	e è ac		☐ Addition
NAME   STREET ADDRESS   CITY-ST-ZIP   WINTER PARK, FL 32792   CITY-ST-ZIP	CITY-ST-ZIP	*		CITY - ST - ZIP		,				
NAME STREET ADDRESS CITY-ST-ZIP OSTEEN, FL 32764  TITLE D Delete TITLE BOMAGNOLIA LN STREET ADDRESS CITY-ST-ZIP OSTEEN, FL 32764  TITLE D DELET	NAME STREET ADDRESS	NEFF, GLENORA 5320 CYPRESS RESERVE PLACE		NAME STREET ADDRESS					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP OSTEEN, FL 32764  TITLE Delete TITLE TITLE TITLE Delete TITLE TI	NAME STREET ADDRESS	ROGERS, PAT 800 MAGNOLIA LN	Delete · ·	NAME STREET ADDRESS	-	~~.			Change	Addition ·
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TITLE Delete TITLE Change Addition Addition Addition Addition Change Addition Additio	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS					Change	Addition
CITY-ST-ZIP CITY-ST-ZIP  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	NAME STREET ADDRESS CITY-ST-ZIP	portify that the information purposited with the	and the second s	NAME FIG. T STREET ADDRESS CITY-ST-ZIP	· -	Edder I by				

indicated on this report of supplemental reports true and accurate and that my signature shall have the same legal effect as it made under oath; that ham an officer or director of the corporation or the receiver of thus the 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.

SIGNATURE:

Glenora Neff