2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N27144

Entity Name: INDIAN HAMMOCK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

932 INDIAN HAMMOCK DR
OSTEEN, FL 32764

New Principal Place of Business:

Current Mailing Address:

3813 SE OLD SAINT LUCIE BLVD
STUART, FL 34996

New Mailing Address:

FEI Number: 59-3015891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, J SCOTT
932 INDIAN HAMMOCK DR
OSTEEN, FL 32764 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:	PD	( ) Delete
Name:	J SCOTT GREEN,	
Address:	932 INDIAN HAMMOCK DR	
City-St-Zip:	OSTEEN, FL 32764	
Title:	TD	( ) Delete
Name:	NEFF, GLENORA	
Address:	3813 SE OLD SAINT LUCIE BLVD	
City-St-Zip:	STUART, FL 34996	
Title:	D	( ) Delete
Name:	BIRKENMEYER, ALAN	
Address:	800 MAGNOLIA LANE	
City-St-Zip:	OSTEEN, FL 32764	
Title:	S	( ) Delete
Name:	BIRKENMEYER, PATRICIA	
Address:	800 MAGNOLIA LANE	
City-St-Zip:	OSTEEN, FL 32764	

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:	S	(X) Change ( ) Addition
Name:	PATRICK, REBECCA	
Address:	905 INDIAN HAMMOCK DRIVE	
City-St-Zip:	OSTEEN, FL 32764	

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: GLENORA NEFF TD 03/10/2009

Electronic Signature of Signing Officer or Director — Date