

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90038 016 \*\*\*\*61.25

<b>DOCUMENT # N27821</b> 1. Entity Name <b>HOMEOWNERS' ASSOCIATION OF INDIAN TRAILS, INC.</b>					
Principal Place of Business <b>C/O RUTH B CAWOOD</b> <b>113 INDIAN TRAIL</b> <b>CRESTVIEW, FL 32536 US</b>			Mailing Address <b>C/O RUTH B CAWOOD</b> <b>113 INDIAN TRAIL</b> <b>CRESTVIEW, FL 32536 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2969900</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of Now Registered Agent		
<b>MITCHELL, JOHN M</b> <b>202 SENECA TRAIL</b> <b>CRESTVIEW, FL 32536</b>			Name <b>Brandee Biechlin</b> Street Address (P.O. Box Number is Not Acceptable) <b>126 Indian Trail</b> City <b>Crestview</b> <b>FL</b> Zip Code <b>32536</b>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Brandee Biechlin</i></u> (NOTE: Registered Agent Signature required when reinstating) DATE _____					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUSSELL, DAVID A.</b> <b>499 N. FERDON BLVD.</b> <b>CRESTVIEW, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MICIANO, CARLEEN</b> <b>118 AROPAHO TRAIL</b> <b>CRESTVIEW, FL 32536</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CAWOOD, RUTH</b> <b>113 INDIAN TRAIL</b> <b>CRESTVIEW, FL 32536</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PICKARD, WES</b> <b>120 THURSTON PLACE</b> <b>CRESTVIEW, FL 32536</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MITCHELL, JOHN M</b> <b>202 SENECA TRAIL</b> <b>CRESTVIEW, FL 32536</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Brandee Biechlin</b> <b>126 Indian Trail</b> <b>Crestview, FL 32536</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, JERRY</b> <b>105 MOHAWK TRAIL</b> <b>CRESTVIEW, FL 32536</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Ruth B. Cawood</i></u> <u><i>Ruth B. Cawood</i></u> 2/4/06 850-244-7651 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					