

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

01-26-2007 90033 016 ****61.25

DOCUMENT # N27821 1. Entity Name HOMEOWNERS' ASSOCIATION OF INDIAN TRAILS, INC.					
Principal Place of Business C/O RUTH B CAWOOD 113 INDIAN TRAIL CRESTVIEW, FL 32536 US			Mailing Address C/O RUTH B CAWOOD 113 INDIAN TRAIL CRESTVIEW, FL 32536 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2969900	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIECHLIN, BRANDEE 126 INDIAN TRAIL CRESTVIEW, FL 32536			7. Name and Address of New Registered Agent Name <u>Jane Barnes</u> Street Address (P.O. Box Number is Not Acceptable) <u>224 Seneca Trail</u> City <u>Crestview</u> FL Zip Code <u>32536</u>		
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>Jane Barnes</u> DATE <u>19 Feb 07</u> (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, DAVID A. 499 N. FERDON BLVD. CRESTVIEW, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(of address) ☒ Change ☐ Addition <u>220 Seneca Trail</u> <u>Crestview, FL 32536</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MICIANO, CARLEEN 118 AROPAHO TRAIL CRESTVIEW, FL 32536	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	correction ☐ Change ☐ Addition <u>118 Arapaho Trail</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAWOOD, RUTH 113 INDIAN TRAIL CRESTVIEW, FL 32536	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PICKARD, WES 120 THURSTON PLACE CRESTVIEW, FL 32536	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition <u>Genia Perez</u> <u>226 Seneca Trail</u> <u>Crestview, FL 32536</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BIECHLIN, BRANDEE 126 INDIAN TRAIL CRESTVIEW, FL 32536	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition <u>Jane Barnes</u> <u>224 Seneca Trail</u> <u>Crestview, FL 32536</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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>Ruth B. Cawood</u> Date <u>5-07</u> Daytime Phone # <u>850-244-7651</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					