


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90097 017 ****61.25

DOCUMENT # N27821 1. Entity Name HOMEOWNERS' ASSOCIATION OF INDIAN TRAILS, INC.	
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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
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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

01092008 Chg-NP CR2E037 (12/06)



4. FEI Number 59-2969900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARNES, JANE 224 SENECA TRAIL CRESTVIEW, FL 32536	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D RUSSELL, DAVID A. <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	220 SENECA TRAIL	NAME	
STREET ADDRESS	CRESTVIEW, FL 32536	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICIANO, CARLEEN	NAME	
STREET ADDRESS	118 ARAPAHO TRAIL	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAWOOD, RUTH	NAME	
STREET ADDRESS	113 INDIAN TRAIL	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, GENIA	NAME	
STREET ADDRESS	226 SENECA TRAIL	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, JANE	NAME	
STREET ADDRESS	224 SENECA TRAIL	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Ruth B. Cawood Ruth B Cawood 1/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-826-0501