

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30683 (9)
1. Corporation Name
INDIAN RIDGE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business C/O NANCY RENAULD P.O. BOX 974 KATHLEEN FL 33849 US		Mailing Address C/O NANCY RENAULD P.O. BOX 974 N/A KATHLEEN FL 33849 US		3. Date Incorporated or Qualified 02/14/1989	3a. Date of Last Report 08/07/1995
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-2942233	Applied For Not Applicable	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent RENAULD, NANCY 8642 INDIAN RIDGE WAY LAKELAND FL 33809			10. Name and Address of New Registered Agent 81 Name NANCY RENAULD 82 Street Address (P.O. Box Number Is Not Acceptable) 8642 INDIAN RIDGE WAY 83 LAKELAND 84 City 85 Zip Code FL 33809		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>Nancy Renauld</i> - NANCY RENAULD - Secretary/Treasurer DATE 4/14/96 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RENAULD, NANCY 8642 INDIAN RIDGE WAY LAKELAND FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, PATRICIA 8524 INDIAN RIDGE TRAIL LAKELAND FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RENAULD, VICTOR 8642 INDIAN RIDGE WAY LAKELAND FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, ROBERT 8653 INDIAN RIDGE WAY LAKELAND FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, URMILE 8524 INDIAN RIDGE TR LAKELAND FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRYMAN, BERRIE 8649 INDIAN RIDGE TRAIL LAKELAND FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT D ROBERT BYRD 8671 INDIAN RIDGE WAY LAKELAND FL 33809	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy Renauld* - **NANCY RENAULD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/14/96**

DAYTIME PHONE # **9418534944**

CR2E037 (12/95)