FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

	1001					
DOCUMENT # N30683 (9)						
INDIAN	RIDGE PROPERTY OWNE	ERS' ASSOCIATION, II	NC.			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1 100100 1000 1000 1000 1000 1000 1000	
Original Plan	o of Punisage	Mailing Address				
					t t	
C/O NANCY RENAULD						
KATHLEEN FL	33849	KATHLEEN FL 33849-0974		2 Date In appropriate of Overlifting	On Date of Last Dancet	
US		US		3. Date Incorporated or Qualified 02/14/1989	3a. Date of Last Report 04/22/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	 		59-2942233	Not Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	City & State	State		Liection Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip Country		Zip	Zip Country		8. This corporation has liability for	intangible tax under s. 199.032,
24			30			Yes No
····	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
MANOV	DEMAIN D		82			
NANCY RENAULD 8642 INDIAN RIDGE WAY				Street Ad	ldress (P.O. Box Number is Not Acceptab	ile)
LAKELAND FL 33809			83			
			84	City		85 Zip Code
			04	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.056	02 and 617.1508, Florida Statu	ites, the above	e-named co	prporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 617.0503, F	lorida Statute	s.	ration's board of directors. Thereby accept	of the appointment as registered
SIGNATURE .	Principle of the Control of the Cont	March 1911	76 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			DATE
12.	Signature, typed or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS		OTE fingistered Agent a gnature require 13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	STD	DELETE	1.1 TOLE			Change Addition
NAME	RENAULD, NANCY		1.2 NAME			
STREET ADDRESS	8642 INDIAN RIDGE WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL	- Districts	1.4 CITY-ST-ZIP			
TITLE	VD COOK, PATRICIA	☐ DELETE	211ITLE			Change Addition
NAME CENTER ADDRESS	8524 INDIAN RIDGE TRAIL		22 NAME 2.3 STREET ADDRESS			
STREET ADDRESS City-St-Zip	LAKELAND FL		2.4 CITY-ST-ZIP			
TITLE	P	DELETE		31-211		Change Addition
NAME	RENAULD, VICTOR		3.2 NAME			-
STREET ADDRESS	8642 INDIAN RIDGE WAY		3.3 STREET	ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4. CITY-	S1-ZIP		
TITLE	D DATEROON BOREST	DELETE	4.1 TITLE			Change Addition
NAME	PATTERSON, ROBERT 8653 INDIAN RIDGE WAY		4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS	LAKELAND FL					
CITY-ST-ZIP TITLE	DARCOARD TE	DELETE	4.4 CITY - S 5.1 TITLE	ST- ZIP		Change Addition
NAME	COOK, URVILLE		5.2 NAME			
STREET ADDRESS	ARAA MIDIAA DIDAE TO		5.3 STREET	ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CHY- S			
TITLE	D	DELETE.			0	☐ Change ☐ Addition
NAME	ROBERT BYRD		6.2 NAME		Dewey CHANCEY SR	
STREET ADDRESS	8671 INDIAN RIDGE WAY		6.3 STREET	ADDRESS	8629 INDIAN RIDGE	TRAIL
CITY-ST-ZIP	LAKELAND FL		6.4 CITY - S	ST-ZIP	AKELAND FL. 33	810

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 eath; 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