

SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 30 1998 8:00am
Secretary of State

DOCUMENT # N30683 (9)

1. Corporation Name

INDIAN RIDGE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O NANCY RENAULD
P.O. BOX 974
KATHLEEN FL 33849
US

C/O NANCY RENAULD
P.O. BOX 974 N/A
KATHLEEN FL 33849
US

3. Date Incorporated or Qualified

02/14/1989

4. FEI Number

59-2942233

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NANCY RENAULD
8842 INDIAN RIDGE WAY
LAKELAND FL 33809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE

NAME RENAULD, NANCY
STREET ADDRESS 8842 INDIAN RIDGE WAY
CITY-ST-ZIP LAKELAND FL

TITLE VD ☒ DELETE

NAME COOK, PATRICIA
STREET ADDRESS 8524 INDIAN RIDGE TRAIL
CITY-ST-ZIP LAKELAND FL

TITLE P ☐ DELETE

NAME RENAULD, VICTOR
STREET ADDRESS 8842 INDIAN RIDGE WAY
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME PATTERSON, ROBERT
STREET ADDRESS 8853 INDIAN RIDGE WAY
CITY-ST-ZIP LAKELAND FL

TITLE D ☒ DELETE

NAME COOK, URVILLE
STREET ADDRESS 8524 INDIAN RIDGE TR
CITY-ST-ZIP LAKELAND FL

TITLE D ☒ DELETE

NAME CHANCEY, DEWEY S
STREET ADDRESS 8829 INDIAN RIDGE TRAIL
CITY-ST-ZIP LAKELAND FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME CHARLES SCHAFFER
2.3 STREET ADDRESS 8602 INDIAN RIDGE WAY
2.4 CITY-ST-ZIP LAKELAND FL 33810

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VD ☒ Change ☐ Addition

4.2 NAME PATTERSON, ROBERT
4.3 STREET ADDRESS 8653 INDIAN RIDGE WAY
4.4 CITY-ST-ZIP LAKELAND FL 33810

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME LINDA PATTERSON
5.3 STREET ADDRESS 8653 INDIAN RIDGE WAY
5.4 CITY-ST-ZIP LAKELAND FL 33810

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME LAURA SCHAFFER
6.3 STREET ADDRESS 8602 INDIAN RIDGE WAY
6.4 CITY-ST-ZIP LAKELAND FL 33810

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-98

Date

941 853 4944

Daytime Phone #

CR2E037 (5/98)