

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90054 029 ****61.25

DOCUMENT # N31604

1. Entity Name

INDIANWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

14574 SW RAKE DR.
INDIANTOWN FL 34956
US

Mailing Address

16268 INDIANWOOD CIR
INDIANTOWN FL 34956
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

23-6565530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUPT, EDWIN
16268 INDIANWOOD CIR
INDIANTOWN FL 34956

Name

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

City

FL

Zip Code

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

FILE NOW: 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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MATSON, ART	
STREET ADDRESS	16142 SW FIVE WOOD WAY	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SHAW, BARBARA	
STREET ADDRESS	15952 INDIANWOOD CIR.	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILLING, PHYLLIS	
STREET ADDRESS	14439 SAND WEDGE DR	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAUPT, EDWIN	
STREET ADDRESS	16268 INDIANWOOD CIR.	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOLDSTEIN/STORMINGER, MARILYN	
STREET ADDRESS	16297 SW INDIANWOOD CIRCLE	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERROGINE, MARY	
STREET ADDRESS	16372 INDIANWOOD CIR	
CITY-ST-ZIP	INDIANTOWN FL 34956	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA MARAS	
STREET ADDRESS	16232 INDIANWOOD CIRCLE	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN COMPTON	
STREET ADDRESS	15992 INDIANWOOD CIRCLE	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLENE MITLER	
STREET ADDRESS	16132 FIVE WOOD WAY	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

EDWIN HAUPT *Edwin Haupt*

3/23/07 (772) 5972637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #