

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

23-6565530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Edwin Haupt

Edwin HAUPT

Feb 7, 2008

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

(NOTE: Pay signed Agent signature required when reinstating)

DATE

FILE NOW FEE IS \$61.25
Due By May 1, 2008

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 type="checkbox"/> Delete
NAME	MARAS, BARBARA	
STREET ADDRESS	16232 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 type="checkbox"/> Delete
NAME	COMPTON, JEAN	
STREET ADDRESS	15992 INDIANWOOD CIR	
CITY- ST- ZIP	INDIANTOWN FL 34956	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARLENE, MILLER	
STREET ADDRESS	16132 FIVE WOOD WAY	
CITY- ST- ZIP	INDIANTOWN FL 34956	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000824827
CITY- ST- ZIP	02/20/08-80092-025 61.25
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	
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 2/7/08 (772) 597 2637