2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N31604

Entity Name: INDIANWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14574 SW RAKE DR.
INDIANTOWN, FL 34956 US

New Principal Place of Business:

Current Mailing Address:

16268 INDIANWOOD CIR
INDIANTOWN, FL 34956 US

New Mailing Address:

FEI Number: 23-6565530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAUPT, EDWIN
16268 INDIANWOOD CIR
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: MATSON, ART
Address: 16142 SW FIVE WOOD WAY
City-St-Zip: INDIANTOWN, FL 34956

Title: TD ( ) Delete
Name: MARAS, BARBARA
Address: 16232 INDIANWOOD CIR
City-St-Zip: INDIANTOWN, FL 34956

Title: D ( ) Delete
Name: SCHILLING, PHYLLIS
Address: 14439 SAND WEDGE DR
City-St-Zip: INDIANTOWN, FL 34956

Title: PD ( ) Delete
Name: HAUPT, EDWIN
Address: 16268 INDIANWOOD CIR.
City-St-Zip: INDIANTOWN, FL 34956

Title: SD ( ) Delete
Name: COMPTON, JEAN
Address: 15992 INDIANWOOD CIR
City-St-Zip: INDIANTOWN, FL 34956

Title: D ( ) Delete
Name: ARLENE, MILLER
Address: 16132 FIVE WOOD WAY
City-St-Zip: INDIANTOWN, FL 34956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: METROKA, JOHN
Address: 14582 SW DIVOT DR
City-St-Zip: INDIANTOWN, FL 34956

Title: TD (X) Change ( ) Addition
Name: SHOSTROM, KARLEE
Address: 14432 SW DIVOT DRIVE
City-St-Zip: INDIANTOWN, FL 34956

Title: D (X) Change ( ) Addition
Name: MATSON, ART
Address: 16142 SW FIVE WOOD WAY
City-St-Zip: INDIANTOWN, FL 34956

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN HAUPT PD 02/27/2009

Electronic Signature of Signing Officer or Director — Date