

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31604

FILED
Mar 25, 2011
Secretary of State

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:

14432 SW DIVOT DR
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:

SHOSTROM, KARLEE
14432 SW DIVOT DR
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
Name: WARNKEN, LOUIS
Address: 16212SW INDIANWOOD CIRCLE
City-St-Zip: INDIANTOWN, FL 34956

Title: TD
Name: LAZAR, JACKIE
Address: 16368 SW INDIANWOOD CIR
City-St-Zip: INDIANTOWN, FL 34956

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

Title: PD
Name: SHOSTROM, KARLEE
Address: 14432 SW DIVOT DR.
City-St-Zip: INDIANTOWN, FL 34956

Title: SD
Name: PACHEK, LEO
Address: 16182 INDIANWOOD CIR
City-St-Zip: INDIANTOWN, FL 34956

Title: D
Name: RATERMANN, PAT
Address: 14377 GOLF CLUB DR
City-St-Zip: INDIANTOWN, FL 34956

I hereby 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 all other like empowered.

SIGNATURE: KARLEE SHOSTROM

PD

03/25/2011

Electronic Signature of Signing Officer or Director

Date