

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31933

FILED
Jul 13, 2005
Secretary of State

Entity Name: INDIAN RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7725 SIMON RIDGE CT
KISSIMMEE, FL 34747 US

New Principal Place of Business:

Current Mailing Address:

7725 SIMON RIDGE CT
KISSIMMEE, FL 34747 US

New Mailing Address:

FEI Number: 59-2958932 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ABRAHAMSEN, JOHN
7725 SIMON RIDGE CT
KISSIMMEE, FL 34747 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: OAKLEY, ALLEN
Address: 7713 SIMON RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: GOODLAKE, FRANK
Address: 7701 SIMON RIDGE CT
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: LYONS, TEDDY
Address: 1010 INDIAN RIDGE TR EAST
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: VARIAN, JOANNE
Address: 7651 INDIAN RIDGE TRAIL SOUTH
City-St-Zip: KISSIMMEE, FL

Title: P () Delete
Name: ABRAHAMSEN, JOHN
Address: 7725 SIMON RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: GOVANUS, GARY
Address: 7600 BENJI RIDGE TL
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: TONY, CARROLL
Address: 1070 JASON RIDGE CT
City-St-Zip: KISSIMMEE, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN ABRAHAMSEN

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07/13/2005

Electronic Signature of Signing Officer or Director

Date