2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2009
Secretary of State

DOCUMENT# N31933

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: JOHN ABRAHAMSEN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VPD	( ) Delete
Name:	ACCETURO, VINCENT	
Address:	1100 ABBY RIDGE CT	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	SEC	( ) Delete
Name:	GILSON, KAREN	
Address:	8083 ROARING CREEK CT	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	D	( ) Delete
Name:	MUNOZ, GILBERTO	
Address:	1141 ZACHARY RIDGE CT	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	D	( ) Delete
Name:	NEDBALEK, LESLIE	
Address:	7764 INDIAN RIDGE TRAIL NORTH	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	P	( ) Delete
Name:	ABRAHAMSEN, JOHN	
Address:	7725 SIMON RIDGE CT	
City-St-Zip:	KISSIMMEE, FL 34747	
Title:	D	( ) Delete
Name:	CHHURCHILL, CHRISTIAN	
Address:	1110 ZACHARY RIDGE CT	
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:	( ) 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: JOHN ABRAHAMSEN P 10/07/2009
Electronic Signature of Signing Officer or Director — Date