



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90068 008 \*\*\*\*61.25

<b>DOCUMENT # N35633</b> 1. Entity Name <b>INDIAN OAKS HOME OWNERS ASSOCIATION OF ROCKLEDGE INCORPORATED</b>					
Principal Place of Business <b>780 BARNES BLVD ROCKLEDGE, FL 32955 US</b>			Mailing Address <b>PO BOX 561012 ROCKLEDGE, FL 32956 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01232007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-2987247</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BOWER, JAMES 1361 WILDWOOD WAY ROCKLEDGE, FL 32955</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE <i>James N. Bower</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			JAMES N. BOWER Feb 9, 2007 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWER, JAMES 1361 WILDWOOD WAY ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judie Mindrum 1357 Wildwood Way Rockledge, FL. 32955
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINDRUM, JUDIE 1357 WILDWOOD WAY ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDALL, LOIS 1376 PHEASANT RUN ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POORMAN, NETTIE 1382 FEATHER SOUND ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, HUNTER 1326 DEER TR ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTSING, WILLIAM 1368 FOUNTAIN VIEW ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ed Cwikla 1330 Wildwood Way Rockledge, FL. 32955	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*James N. Bower*

JAMES N. Bower  
136127

371 480 8721

ATTACHMENT  
40013319

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# N035633

Please add the following name to our list of officers.

D  
Rod Smith  
1362 Indian Oaks Dr.  
Rockledge, Fl. 32955

X Addition