

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35633

FILED
Mar 19, 2009
Secretary of State

Entity Name: INDIAN OAKS HOME OWNERS ASSOCIATION OF ROCKLEDGE INCORPORATED

Current Principal Place of Business:

780 BARNES BLVD
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 561012
ROCKLEDGE, FL 32956 US

New Mailing Address:

FEI Number: 59-2987247 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARTIN, PETER
1381 FEATHER SOUND
ROCKLEDGE, FL 32955 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: SD () Delete
Name: HORTSING, BARBARA
Address: 1368 FOUNTAIN VIEW
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SKIDMORE, BILL
Address: 1330 DEER TRAIL
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: RANDALL, LOIS
Address: 1376 PHEASANT RUN
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: POORMAN, NETTIE
Address: 1382 FEATHER SOUND
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: SNYDER, GARY
Address: 1366 INDIAN OAKS BLVD
City-St-Zip: ROCKLEDGE, FL 32955

Title: PD () Delete
Name: MARTIN, PETER
Address: 1381 FEATHER SOUND
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: POLACKO, BERNICE
Address: 1361 DEER TRAIL
City-St-Zip: ROCKLEDGE, FL 32955

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: PD (X) Change () Addition
Name: MARTIN, PETER
Address: 1381 FEATHER SOUND
City-St-Zip: ROCKLEDGE, FL 32955

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: PETER MARTIN

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date