

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37226

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** INNSWOOD HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

% JACK CLEMENT  
982 INNSWOOD CT.  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GALE HILLENMEYER  
962 INNSWOOD CT  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILLENMEYER, GALE  
962 INNSWOOD CT  
LONGWOOD, FL 32779 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: D ( ) Delete  
Name: FRASER, GREG  
Address: 970 INNSWOOD CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete  
Name: HAMMETT, DAVID  
Address: 981 INNSWOOD CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete  
Name: HILLENMEYER, GALE  
Address: 962 INNSWOOD COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete  
Name: CLEMENT, JACK  
Address: 982 INNSWOOD CT  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: GINN, JIM  
Address: 973 INNSWOOD CT  
City-St-Zip: LONGWOOD, FL 32779

**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:

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: GALE P. HILLENMEYER

TD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date