2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

| | | | - Secret | tary of State | | |
|---|--|---|---|--|----------|--|
| DOCUMENT # N41662 1. Entity Name INDIAN OAKS OF VERO HOMEOWNERS ASSOCIATION, INC. | | | 1 | 07 90031 030 ****61.25 | | |
| Principal Place of Business 530 47TH AVENUE VERO BEACH, FL 32968 | Mailing Address 530 47TH AVENUE VERO BEACH, FL 32968 | | | HA MAN ANNO ANNO ANNO ANNO ANNO ANNO ANNO | I | |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | | | | i | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 03212007 Chg-NP | CR2E037 (12/06) | | |
| City & State | City & State | | 4. FEI Number 59-3480272 | Applied Fo | | |
| Zip Country | | Country | 5. Certificate of Status Desir | Fee Required | | |
| 6. Name and Address of Curre | ent Registered Agent | | 7. Name and Address of N | ew Registered Agent | | |
| ENGLISH, RUSSELL C 460 46TH CT | | | Name Ford Street Address (P.O. Box Number is Not-Acceptable) | | | |
| VERO BEACH, FL 32968 | | 530 | 47th Ave | KV = | | |
| | | Cityers | Benco | FL Zip Code | | |
| The above named entity submits this statemen the obligations of registered agent? | t for the purpose of changing its registe | | red agent, or both, in the State | of Florida. I am familiar with, and acc | cept | |
| SIGNATURE Signature, typed or printed name of registered ag | ent and litle if applicable. (NOTE: Registe | ered Agent signature required | d when reinstating) | DATE | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaigr Trust Fund Contrib | | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State | | |
| 10. OFFICERS AND | DIRECTORS 11 | 1. | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTORS IN 10 | | |
| TITLE PD NAME ENGLISH, RUSSELL C STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 | No. | TILE PD AME DG TREET ADDRESS 41. | ivie, Mort 5 464 Cour 10 Beach F | Change C Ade | dition | |
| NAME LEKANIDRES, JIMMY STREET ADDRESS 505 47TH AVE | N. | TILE US AME M TREET ADDRESS 54 | Roz Barb 5 Yuth cour | □ Change □ Ade | dition | |
| CHY-ST-ZIP VERO BEACH, FL 32968 TITLE SD | ······································ | | VD Beach | FC 32568 | 41414 | |
| NAME LAPLANT, SARAH STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 | N/ ST | ITLE AME ITREET ADDRESS ITY-ST-ZIP | | ☐ Change ☐ Add | DEION | |
| TITLE TD NAME FORD, JUDY STREET ADDRESS CITY-S1-ZIP VERO BEACH, FL 32968 | NA ST | tle Ame Ireet adoress Ity-ST-ZIP | | ☐ Change ☐ Add | dition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NA ST | TLE AME TREET ADDRESS ITY-ST-ZIP | , | ☐ Change ☐ Add | dition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NA ST | TLE AME Freet Address Ity-St-Zip | | ☐ Change ☐ Add | dition | |

indicated on this report or supplied with this him globes not quality 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:

MICHAEL STATE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

772-562.5812