2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90029 013 ****61.25

DOCUMENT # N46929

1. Entity Name

INDIAN SHORES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 182 VALPARAISO FL 32580 US	PO BOX 182 VALPARAISO FL 32580 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3143542 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
- MCINNIS, C-JEFFREY 909 MAR WALT DR SUITE 1014 FT WALTON BEACH FL 32547	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAVERLY, DONALD		NAME		
STREET ADDRESS	113 CHOCTAW COVE		STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO FL 32580		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	BARNETT, LARRY		NAME		
STREET ADDRESS	109 ARROW PT COVE		STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO FL 32580		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MONTOYA, DONNA		NAME		
STREET ADDRESS	374 JASMINE AVE		STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO FL 32580		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MONTOYA, RUBEN		NAME		
STREET ADDRESS	374 JASMIN AVE		STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO FL 32580		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCCALL, MARGARET		NAME		
STREET ADDRESS	380 JASMINE AVE		STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO FL 32580		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	BAKER, MICHAEL		NAME		
STREET ADDRESS	397 JASMINE AVE		STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO FL 32580		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donald Caverly Donald Caverly 26 Apr 2008 850-729-0415