

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46929

FILED
Apr 09, 2010
Secretary of State

Entity Name: INDIAN SHORES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

102 AUCILLA COVE
VALPARAISO, FL 32580 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 182
VALPARAISO, FL 32580 US

New Mailing Address:

FEI Number: 59-3143542 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCINNIS, C JEFFREY
909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 32547 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: TD
Name: FOLEN, LEN
Address: 391 JASMINE AVE
City-St-Zip: VALPARAISO, FL 32580

Title: PD
Name: ABEL, JAMES
Address: 102 AUCILLA COVE
City-St-Zip: VALPARAISO, FL 32580

Title: D
Name: HARRISON, JIM
Address: 377 JASMINE AVE
City-St-Zip: VALPARAISO, FL 32580

Title: D
Name: WINKLER, JOHN
Address: 112 AUCILLA COVE
City-St-Zip: VALPARAISO, FL 32580

Title: D
Name: MARKS, TIM
Address: 375 JASMINE AVE
City-St-Zip: VALPARAISO, FL 32580

Title: SD
Name: BAKER, MICHAEL
Address: 397 JASMINE AVE
City-St-Zip: VALPARAISO, FL 32580

I hereby 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 all other like empowered.

SIGNATURE: LEN X FOLEN

TD

04/09/2010

Electronic Signature of Signing Officer or Director

Date