2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N93000000670

Entity Name: INDIAN POND HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10805 INDIAN TRAIL
COOPER CITY, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

10805 INDIAN TRAIL
COOPER CITY, FL 33328 US

New Mailing Address:

FEI Number: 65-0400968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHULA, LESLIE
10805 INDIAN TRAIL
COOPER CITY, FL 33328 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: P ( ) Delete
Name: SHULA, DAVID
Address: 10805 INDIAN TRAIL
City-St-Zip: COOPER CITY, FL 33328

Title: T ( ) Delete
Name: SHULA, LESLIE
Address: 10805 INDIAN TRAIL
City-St-Zip: COOPER CITY, FL 33328

Title: VPD ( ) Delete
Name: SPINK, ROGER
Address: 10601 INDIAN TRAIL
City-St-Zip: COOPER CITY, FL 33328

Title: S ( ) Delete
Name: GRIMMING, KAREN
Address: 10700 INDIDAN TRAIL
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: AS ( ) Delete
Name: COGAN, MIKE
Address: 10801 INDIAN TRAIL
City-St-Zip: FORT LAUDERDALE, FL 33328

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: JANE M. BROCK PM 04/28/2007

Electronic Signature of Signing Officer or Director — Date