

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 30, 1999 8:00 am  
Secretary of State

08-30-1999 90011 044 \*\*\*\*61.25

DOCUMENT # N93000004039

1. Corporation Name

INDIAN RIDGE VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O POST OFFICE BOX 3873  
LONGWOOD FL 32791

Mailing Address

C/O POST OFFICE BOX 3873  
LONGWOOD FL 32791

6 10792 7 94 2 \*



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/01/1993

4. FEI Number

59-3200010

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

BECKETT, WILLIAM A  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANDELL, ROBERT A	
STREET ADDRESS	1105 KENSINGTON PARK DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GERMAINE PARSONS	
STREET ADDRESS	1505 OAK HILL TRL	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, SIMON	
STREET ADDRESS	1105 KENSINGTON PARK DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHN PARSONS	
STREET ADDRESS	1505 OAK HILL TRAIL	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PHIL SERRANO	
STREET ADDRESS	7746 WATER OAK CT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ELIZABETH DES LAURIERS	
STREET ADDRESS	7813 MYRTLE OAK	
CITY-ST-ZIP	KISSIMMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)