

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2006 08:00 AM**  
**Secretary of State**

|                                                                                |  |                                                                                   |
|--------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N93000005010</b>                                                 |  |  |
| 1. Entity Name<br><b>INDIAN TRAILS, PHASE II HOMEOWNERS' ASSOCIATION, INC.</b> |  |                                                                                   |

|                                                                                              |                                                                                  |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1339 TRAILWOOD DRIVE<br/>NEPTUNE BEACH FL 32266<br/>US</b> | Mailing Address<br><b>1339 TRAILWOOD DRIVE<br/>NEPTUNE BEACH FL 32266<br/>US</b> |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |                                                         |
|------------------------------------|---------------------------------------------------------|
| 1st MOORE                          | CR2E037 (10/05)                                         |
| 4. FEI Number<br><b>59-3211094</b> | Applied For<br>Not Applicable                           |
| 5. Certificate of Status Desired   | <input type="checkbox"/> \$8.75 Additional Fee Required |

|                                                                                                                                                  |  |                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>AHERN, FRED L JR.<br/>2215 SOUTH 3RD ST.<br/>SUITE 101<br/>JACKSONVILLE BEACH FL 32250</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                        |                                                                                                                        |                                                               |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to:<br/>Florida Department of State</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                         |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|--|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>WALKER, ROBERT C<br>1339 TRAILWOOD DR<br>NEPTUNE BEACH FL 32266   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>WALKER, PATRICIA O<br>1339 TRAILWOOD DR<br>NEPTUNE BEACH FL 32266 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>WOOD, JETTE<br>1309 BIG TREE RD.<br>NEPTUNE BEACH FL 32266       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.