

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90117 005 \*\*\*\*\*61.25

**DOCUMENT # N94000005611**

1. Entity Name  
**INDIAN MOUND ESTATES PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**19608 SEMINOLE ST  
SUGARLOAF KEY, FL 33042 US**

Mailing Address  
**19608 SEMINOLE ST  
SUGARLOAF KEY, FL 33042 US**

14019657



2. Principal Place of Business  
**7 COCONUT DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**7 COCONUT DR.**  
Suite, Apt. #, etc.

02242004 Chg-NP CR2E037 (10/03)

City & State  
**KEYWEST, FL**  
Zip **33040** Country **USA**

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Zip **33040** Country **USA**

4. FEI Number  
**65-0680750**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HENSON, TROY  
19608 SEMINOLE ST  
SUGARLOAF KEY, FL 33042**

**7. Name and Address of New Registered Agent**

Name **TROY HENSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**7 COCONUT DR.**  
City **KEYWEST** FL Zip Code **33040**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/04**

**Filing Fee is \$61.25  
Due by May 1, 2004**

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**

TITLE **PD** ☐ Delete  
NAME **ALANDER, STEVE**  
STREET ADDRESS **19579 NAUAJO ST**  
CITY-ST-ZIP **SUGARLOAF KEY, FL 33042**

TITLE **VPD** ☐ Delete  
NAME **HERDLISKA, FRANK**  
STREET ADDRESS **841 CHEROKEE**  
CITY-ST-ZIP **SUGARLOAF KEY, FL 33042**

TITLE **STD** ☐ Delete  
NAME **WALKER, CAROLYN**  
STREET ADDRESS **19521 AZTEC STREET**  
CITY-ST-ZIP **SUGARLOAF KEY, FL 33042**

TITLE **D** ☐ Delete  
NAME **HENSOR, TROY**  
STREET ADDRESS **19608 SEMINOLE ST**  
CITY-ST-ZIP **SUGARLOAF, FL 33042**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: **Troy Henson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/04**