


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90198 013 ****61.25

DOCUMENT # N94000005611 1. Entity Name INDIAN MOUND ESTATES PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 7 COCONUT DRIVE KEY WEST, FL 33040 US	Mailing Address 7 COCONUT DRIVE KEY WEST, FL 33040 US
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DO NOT WRITE IN THIS SPACE

04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0680750	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENSON, TROY 7 COCONUT DRIVE KEY WEST, FL 33040

**DO NOT WRITE
IN THIS SPACE**

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: <u>Troy S. Henson</u> DATE: <u>4/20/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNS, LAWRENCE 19570 MAYAN STREET SUGARLOAF KEY, FL 33042 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERDLISKA, FRANK 841 CHEROKEE SUGARLOAF KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEMONS, KIM 19565 MAYAN STREET SUGARLOAF KEY, FL 33042 <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENSOR, TROY 7 COCONUT DRIVE SUGARLOAF, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENSON, STEVE 1415 ATLANTIC BLVD KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, ROBERT 19565 MAYAN STREET SUGARLOAF KEY, FL 33042 <i>Delete</i>

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Troy S. Henson</u> DATE: <u>4/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>
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