

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90217 018 \*\*\*\*61.25

|   |   |  |  |                                       |  |
|---|---|--|--|---------------------------------------|--|
| <b>DOCUMENT # N94000005611</b>  |   |  |  |                                       |  |
| <b>1. Entity Name</b><br>INDIAN MOUND ESTATES PROPERTY OWNERS ASSOCIATION, INC.   |   |  |  |                                       |  |
| <b>Principal Place of Business</b><br>7 COCONUT DRIVE<br>KEY WEST, FL 33040 US  |   |  | <b>Mailing Address</b><br>7 COCONUT DRIVE<br>KEY WEST, FL 33040 US   |                                       |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>                                      |  |                                       |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |                                       |  |
| City & State  |   | City & State   |  |                                       |  |
| Zip   | Country   | Zip  | Country  | <b>4. FEI Number</b><br>65-0680750    |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>HENSON, TROY<br>7 COCONUT DRIVE<br>KEY WEST, FL 33040   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                       |  |
| FL  |   |  | Zip Code   |                                       |  |
| <b>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.</b>  |   |  |  |                                       |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |   |  |  |                                       |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>    |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |  |                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  |  |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br>HERDLISKA, FRANK<br>841 CHEROKEE<br>SUGARLOAF KEY, FL 33042 |  |  |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br>HENSOR, TROY<br>7 COCONUT DRIVE<br>SUGARLOAF, FL 33042      |  |  |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br>HENSON, STEVE<br>1415 ATLANTIC BLVD<br>KEY WEST, FL 33040   |  |  |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty row)   |  |  |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty row)   |  |  |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty row)   |  |  |                                       |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | (Empty row)   |  |  |                                       |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |  |                                       |  |
| (Empty row)   |   |  |  |                                       |  |
| (Empty row)   |   |  |  |                                       |  |
| (Empty row)   |   |  |  |                                       |  |
| (Empty row)   |   |  |  |                                       |  |
| (Empty row)   |   |  |  |                                       |  |
| (Empty row)   |   |  |  |                                       |  |
| <b>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 life empowered.</b> |   |  |  |                                       |  |
| <b>SIGNATURE:</b> <i>Troy S. Henson</i>   |   |  |  |                                       |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  |  |                                       |  |
| Date  |   |  |  |                                       |  |
| Daytime Phone #   |   |  |  |                                       |  |

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Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☒ Change ☐ Addition

Henson, Troy  
7 Coconut Dr.  
KEY WEST, FL 33040

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition