

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91081 047 \*\*\*\*61.25

**DOCUMENT # N94000005611**

1. Entity Name

**INDIAN MOUND ESTATES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

**19521 AZTEC STREET  
SUGARLOAF KEY FL 33042  
US**

Mailing Address

**19521 AZTEC STREET  
SUGARLOAF KEY FL 33042  
US**

2. Principal Place of Business

**19608 Seminole Street**

Suite, Apt. #, etc.

3. Mailing Address

**19608 Seminole Street**

Suite, Apt. #, etc.

City & State

**Sugarloaf Key, FL**

Zip

**33042**

Country

**USA**

City & State

**Sugarloaf Key, FL**

Zip

**33042**

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

**WALKER, CAROLYN**

**19521 AZTEC STREET**

**SUGARLOAF KEY FL 33042**

7. Name and Address of New Registered Agent

Name **Troy Henson**

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

**19608 Seminole Street**

City

**Sugarloaf Key**

FL

Zip Code

**33042**

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)

**1/13/03**  
DATE

**FILE NOW: FEE IS \$61.25**

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	<input type="checkbox"/> Delete
NAME	ALANDER, STEVE	
STREET ADDRESS	19579 NAUAJO ST	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERDLISKA, FRANK	
STREET ADDRESS	841 CHEROKEE	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WALKER, CAROLYN	
STREET ADDRESS	19521 AZTEC STREET	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENSOR, TROY	
STREET ADDRESS	19608 SEMINOLE ST	
CITY-ST-ZIP	SUGARLOAF FL 33042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SUGARLOAF KEY REQUIRED CAROLYN WALKER**

**1/13/03 305 745 3114**

CR2E037 (10/02)