

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000852

FILED
Jan 08, 2009
Secretary of State

Entity Name: INDIAN WOODS OF DESTIN PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

378 SENORA RD
DESTIN, FL 32541

New Principal Place of Business:

376 SENORA RD
DESTIN, FL 32541

Current Mailing Address:

3952 MESS RD
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-3299880 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TURNER, JAMES
3952 MESA RD
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TALLY, MIKE
Address: 378 SONORA
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: MEADE, KARL
Address: 3948 MESA RD
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: MEADE, GLORIA
Address: 3948 MESA RD
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: TURNER, BARBARA
Address: 3952 MESA RD
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: TURNER, JIM
Address: 3952 MESA RD
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLEMING, GARNET
Address: 376 SONORA
City-St-Zip: DESTIN, FL 32541

Title: VP (X) Change () Addition
Name: MEADE, GLORIA
Address: 3948 MESA RD
City-St-Zip: DESTIN, FL 32541

Title: S (X) Change () Addition
Name: CONGLETON, CONNIE
Address: 374 SONORA
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA TURNER

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date