


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000002036

1. Entity Name
INDIAN HARBOR INDIAN WATERWAYS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

P.O. BOX 1058 P.O. BOX 1058
 TAVERNIER, FL 33070 TAVERNIER, FL 33070

DO NOT WRITE IN THIS SPACE



03202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EKBLOM, GREGORY
 103 NAVAJO ST
 TAVERNIER, FL 33070

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EKBLOM, GREGORY 103 NAVAJO ST TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, RICHARD 125 INDIAN MOUND TRAIL TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, DONALD 144 APACHE TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LALONDE-MILLER, LORIE 127 INDIAN MOUND TRAIL TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lalonde Miller Date: 3/28/05 Daytime Phone #: (305) 852-7612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR