


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000002036**

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



Principal Place of Business P.O. BOX 1058 TAVERNIER, FL 33070	Mailing Address P.O. BOX 1058 TAVERNIER, FL 33070
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**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**EKBLOM, GREGORY  
103 NAVAJO ST  
TAVERNIER, FL 33070**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U00000947262  
06/02/08-80007-008 61.25

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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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 any attachment with an address with all other like empowered.

**SIGNATURE:** *Lorie Lalonde-Miller* **4/18/08 305 852760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #