

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002036

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 1058
TAVERNIER, FL 33070

New Principal Place of Business:

127 INDIAN MOUND TRAIL
TAVERNIER, FL 33070

Current Mailing Address:

P.O. BOX 1058
TAVERNIER, FL 33070

New Mailing Address:

127 INDIAN MOUND TRAIL
TAVERNIER, FL 33070

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EKBLOM, GREGORY
103 NAVAJO ST
TAVERNIER, FL 33070 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: EKBLOM, GREGORY
Address: 103 NAVAJO ST
City-St-Zip: TAVERNIER, FL 33070

Title: S () Delete
Name: BAKER, RICHARD
Address: 125 INDIAN MOUND TRAIL
City-St-Zip: TAVERNIER, FL 33070

Title: V () Delete
Name: HORTON, DONALD
Address: 144 APACHE
City-St-Zip: TAVERNIER, FL 33070

Title: T () Delete
Name: LALONDE-MILLER, LORIE
Address: 127 INDIAN MOUND TRAIL
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LORIE LALONDE-MILLER

T

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date