

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90036 032 ****61.25

DOCUMENT # N97000005467

1. Entity Name
**INDIAN SPRINGS OF ORMOND HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**1209 S. PENINSULA DR
DAYTONA BEACH, FL 32118**

Mailing Address
**P.O. BOX 731436
ORMOND BEACH, FL 32173**

409006419



2. Principal Place of Business

213 BAY PINES CT

3. Mailing Address

Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State

ORMOND BCH FL

City & State

4. FEI Number
59-3470782

Applied For
Not Applicable

Zip
32174

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**GENTRY, MICHAEL
10 INDIAN SPRINGS ROAD
ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 ☐ Delete
NAME GENTRY, MICHAEL
STREET ADDRESS 10 INDIAN SPRINGS ROAD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE DV ☐ Delete
NAME THOMAS, BLAKE
STREET ADDRESS P.O. BOX 2591550
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE STD ☒ Delete
NAME BOWLAND, PAT
STREET ADDRESS 9 INDIAN SPRINGS ROAD
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR ☐ Change ☒ Addition
NAME THOMAS J. LEEK
STREET ADDRESS 6 INDIAN SPRINGS CIRCLE
CITY-ST-ZIP Ormond Beach FL 32174

TITLE SECRETARY ☐ Change ☒ Addition
NAME GERALD W. HOCK
STREET ADDRESS 110 DEER LAKE CIRCLE
CITY-ST-ZIP ORMOND BCH, FL 32174

TITLE MANAGER ☐ Change ☒ Addition
NAME ROSELLE TUTTLE JOHNSON
STREET ADDRESS 213 BAY PINES CT
CITY-ST-ZIP ORMOND BCH, FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roselle Tuttle Johnson 1/3/06 386-316-9577