2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N97000005467

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

Current Principal Place of Business:

801 W GRANADA BLVD
SUITE 303
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

INDIAN SPRINGS DR
ORMOND BEACH, FL 32174 US

Current Mailing Address:

P.O. BOX 731436
ORMOND BEACH, FL 32173

New Mailing Address:

PO BOX 731436
ORMOND BEACH, FL 321731436

FEI Number: 59-3470782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GENTRY, MICHAEL
10 INDIAN SPRINGS ROAD
ORMOND BEACH, FL 32174 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: PD ( ) Delete
Name: GENTRY, MICHAEL
Address: 10 INDIAN SPRINGS ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: DV ( ) Delete
Name: THOMAS, BLAKE
Address: P.O. BOX 2591550
City-St-Zip: PORT ORANGE, FL 32129

Title: D ( ) Delete
Name: LEEK, THOMAS J
Address: 6 INDIAN SPRINGS CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: S (X) Delete
Name: HOCK, GERALD W
Address: 110 DEER LAKE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GENTRY, MICHAEL
Address: 10 INDIAN SPRINGS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD (X) Change ( ) Addition
Name: THOMAS, BLAKE
Address: P.O. BOX 2591550
City-St-Zip: PORT ORANGE, FL 32129

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: BLAKE THOMAS T 04/30/2009

Electronic Signature of Signing Officer or Director — Date