


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000004127**  
 1. Entity Name  
**THE INDIANA SOCIETY OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**1056 DIAMOND LAKE CIR.**      **1056 DIAMOND LAKE CIR.**  
**NAPLES, FL 34114**      **NAPLES, FL 34114**



01242006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3527338**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**STRAUSS, JEROME M**  
**1056 DAIMOND LAKE CIR.**  
**NAPLES, FL 34114**

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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 reissuing)

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRAUSS, JEROME M
STREET ADDRESS	1056 DIAMOND LAKE CIRCLE
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	D
NAME	MEYERS, HARRY E
STREET ADDRESS	103 CLUBHOUSE DRIVE #352
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D
NAME	STRAUSS, SUSAN J
STREET ADDRESS	1056 DIAMOND LAKE CIR.
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	D
NAME	GRAVES, PEGGY
STREET ADDRESS	1082 CAMELOT CIRCLE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/15/06-80055-025 61.25

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: \_\_\_\_\_ Date: **Jan 24, 06** (239) 293-8061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR