2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N99000001929

Entity Name: INDIAN SUMMER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

116 E. CHICKASAW LN
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

116 E. CHICKASAW LN
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: 01-0733595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LLOYD, JAMES A
116 E CHICKASAW LN
PORT ST JOE, FL 32456 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:	LLOYD, JAMES A	
Address:	16 E CHICKASAW LN	
City-St-Zip:	PORT ST JOE, FL 32456	
Title:	TD	( ) Delete
Name:	PETRIE, CHRIS	
Address:	140 PAINTED PONY RD	
City-St-Zip:	PORT ST JOE, FL 32456	
Title:	SD	( ) Delete
Name:	FIELDING, SJONI	
Address:	334 LAKESIDE MOUNTAIN DRIVE	
City-St-Zip:	LAKE TOXAWAY, NC 28747	
Title:	D	( ) Delete
Name:	HENDERSON, TERRY	
Address:	RT 1 BOX 116	
City-St-Zip:	HEADLAND, AL 36345	
Title:	VD	( ) Delete
Name:	BLANTON, TRAVIS	
Address:	1505 COLONIAL DR	
City-St-Zip:	TALLAHASSEE, FL 32303	

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:	
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: JAMES A LLOYD PRES 01/16/2009

Electronic Signature of Signing Officer or Director — Date