

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001929

FILED  
Jan 10, 2010  
Secretary of State

**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  
**Name:** LLOYD, JAMES A  
**Address:** 16 E CHICKASAW LN  
**City-St-Zip:** PORT ST JOE, FL 32456

**Title:** TD  
**Name:** PETRIE, CHRIS  
**Address:** 140 PAINTED PONY RD  
**City-St-Zip:** PORT ST JOE, FL 32456

**Title:** SD  
**Name:** FIELDING, JONI  
**Address:** 334 LAKESIDE MOUNTAIN DRIVE  
**City-St-Zip:** LAKE TOXAWAY, NC 28747

**Title:** D  
**Name:** HENDERSON, TERRY  
**Address:** RT 1 BOX 116  
**City-St-Zip:** HEADLAND, AL 36345

**Title:** VD  
**Name:** BLANTON, TRAVIS  
**Address:** 1505 COLONIAL DR  
**City-St-Zip:** TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES A LLOYD

PD

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date