

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90359 048 ****61.25

DOCUMENT # N99000006919 1. Entity Name INDIANWOOD VILLAGE NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463		Mailing Address 5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463	
2. Principal Place of Business <i>Associated Property Mgt</i> Suite, Apt. #, etc. 1928 LAKE WORTH RD. City & State LAKE WORTH, FL Zip 33461 Country USA		3. Mailing Address <i>Associated Property Mgt</i> Suite, Apt. #, etc. 1928 LAKE WORTH RD. City & State LAKE WORTH, FL Zip 33461 Country USA	
4. FEI Number 65-1034872		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAMB, BRUCE R CAMPBELL PROPERTY MGMT 5980 WINSTON TRAILS BLVD LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name ASSOCIATED PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1928 LAKE WORTH RD. City LAKE WORTH FL Zip Code 33461	
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 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/27/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME ROGERS, TED STREET ADDRESS 6218 INDIAN FOREST CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE PD NAME WEISS ARTHUR STREET ADDRESS 6200 INDIAN FOREST CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME MANNERS, KEN STREET ADDRESS 5290 INDIANWOOD VILLAGE LANE CITY-ST-ZIP LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE VD NAME SIEGEL, MITCHELL STREET ADDRESS 6272 INDIAN FOREST CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME TAVARES, CHRIS STREET ADDRESS 5237 INDIANWOOD VILLAGE CIR CITY-ST-ZIP LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE SD NAME ESHAM, STEVEN STREET ADDRESS 5309 INDIANWOOD VILLAGE LANE CITY-ST-ZIP LAKE WORTH, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME SIEGEL, MITCHELL STREET ADDRESS 6272 INDIANWOOD VILLAGE CIR CITY-ST-ZIP LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE TD NAME TRECCIOLI, LORRAINE STREET ADDRESS 6253 INDIAN FOREST CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33463	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME TAVARES, CHRISTOPHER STREET ADDRESS 5237 INDIANWOOD VILLAGE LANE CITY-ST-ZIP LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		ARTHUR R. WEISS Date 4-26-06 Daytime Phone # 561-439-8470	

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