

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000062246

1. Entity Name
INDIAN PASS VILLAGE COMPANY



Principal Place of Business
**15395 GULF BLVD
MADEIRA BEACH, FL 33708**

Mailing Address
**PO BOX 20055
BRADENTON, FL 34204-0055**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1031558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHIAVONE, GEORGE A
15395 GULF BLVD
MADEIRA BEACH, FL 33708**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000000007490

04/25/08-80049-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BALL, FRANK E
STREET ADDRESS	222 S MULBERRY ST
CITY-ST-ZIP	MUNCIE, IN 47308
TITLE	DVS
NAME	BALL, ROSEMARY E
STREET ADDRESS	222 S MULBERRY ST
CITY-ST-ZIP	MUNCIE, IN 47308
TITLE	VD
NAME	SCHIAVONE, GEORGE A
STREET ADDRESS	PO BOX 20055
CITY-ST-ZIP	BRADENTON, FL 342040055
TITLE	ASD
NAME	FOY, DOUGLAS J
STREET ADDRESS	222 SOUTH MULBERRY ST.
CITY-ST-ZIP	MUNCIE, IN 47305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

DOUGLAS J. FOY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-9-08

Daytime Phone #

765-741-5500