

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731242

Entity Name: INDIAN SPRINGS CONDOMINIUMS, INC.**Current Principal Place of Business:**24701 US HIGHWAY 19 N
SUITE 102
CLEARWATER, FL 33763**Current Mailing Address:**24701 US HIGHWAY 19 N
SUITE 102
CLEARWATER, FL 33763 US**FEI Number:** 59-1677313**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOVETERE, JULIE
24701 US HIGHWAY 19 N
SUITE 102
CLEARWATER, FL 33763 US*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:** JULIE LOVETERE

04/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name PORTER, MARK
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title PD
Name GORISSEN, JO
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title TD
Name MCGOVERN, PATRICIA
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

Title SD
Name FIGLEY, DIANNA
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title DIR
Name OLSON, DUDLEY B.
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title VPD
Name SAIA, THOMAS
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR
Name FIGLEY, JOE
Address 24701 US HIGHWAY 19 N
SUITE 102
City-State-Zip: CLEARWATER FL 33763

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: JO GORISSEN

PD

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date