

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:53

DOCUMENT # 723414 (9)
1. Corporation Name
THE CONDOMINIUMS OF INDIAN HARBOUR ASSOCIATION, INC.

Principal Place of Business Mailing Address
SCHOOL ST AND CHEYENNE BLVD. INDIAN HARBOR P.O. BOX 372713 SATELLITE BEACH FL 32937-7713
SCHOOL ST AND CHEYENNE BLVD. INDIAN HARBOR P.O. BOX 372713 SATELLITE BEACH FL 32937-7713

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
05/15/1972 01/21/1994
4. FEI Number Applied For
59-1483721 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ANNIS, ROBERT B.
402 SCHOOL RD 47
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Robert B. Annis V/D *Robert B. Annis* January 25, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, RUTH	1.2 NAME	
STREET ADDRESS	415 SCHOOL RD., APT. #65	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HRBOUR BCH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, ALLAN	2.2 NAME	B/D
STREET ADDRESS	1047 SMALL CT., #34	2.3 STREET ADDRESS	JORDAN, ALLAN
CITY - ST - ZIP	INDIAN HARBOUR BCH FL	2.4 CITY - ST - ZIP	1047 SMALL CT., #34
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONALD W.	3.2 NAME	
STREET ADDRESS	403 SCHOOL ROAD #62	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HRBOUR BCH FL	3.4 CITY - ST - ZIP	
TITLE	BD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNIS, ROBERT B.	4.2 NAME	V/D
STREET ADDRESS	402 SCHOOL RD, APT #47	4.3 STREET ADDRESS	ANNIS, ROBERT B.
CITY - ST - ZIP	INDIAN HRBOUR BCH FL	4.4 CITY - ST - ZIP	402 SCHOOL RD, APT #47
TITLE	BD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREHEAD, LINDA	5.2 NAME	
STREET ADDRESS	403 SCHOOL ROAD APT. #64	5.3 STREET ADDRESS	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert B. Annis V/D *Robert B. Annis* January 25, 1995 (107)773-6057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)