

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 723414 (9)

1. Corporation Name

THE CONDOMINIUMS OF INDIAN HARBOUR ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 05/15/1972
3a. Date of Last Report: 02/01/1995
4. FEI Number: 59-1483721
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANNIS, ROBERT B.
402 SCHOOL RD 47
INDIAN HARBOUR BEACH FL 32937

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 290 Paradise Blvd #53
83
84 City: Indialantic FL 85 Zip Code: 32903

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Robert B. Annis

12 Feb 96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ASHBY, RUTH	
STREET ADDRESS	415 SCHOOL RD., APT. #65	
CITY - ST - ZIP	INDIAN HRBOUR BCH FL	
TITLE	BD	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, ALLAN	
STREET ADDRESS	1047 SMALL CT., #34	
CITY - ST - ZIP	INDIAN HARBOUR BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, DONALD W.	
STREET ADDRESS	403 SCHOOL ROAD #62	
CITY - ST - ZIP	INDIAN HRBOUR BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANNIS, ROBERT B.	
STREET ADDRESS	402 SCHOOL RD. APT #47	
CITY - ST - ZIP	INDIAN HRBOUR BCH FL	
TITLE	BD	<input type="checkbox"/> DELETE
NAME	MOREHEAD, LINDA	
STREET ADDRESS	403 SCHOOL ROAD APT. #64	
CITY - ST - ZIP	INDIAN HARBOUR BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BD Prime, William
2.3 STREET ADDRESS	412 School Rd. #85
2.4 CITY - ST - ZIP	Indian Harbour Beach, FL 32937
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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: L. Ruth Ashby Pres. [Signature] 1/18/96 407-777-1979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)