

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 723414 (9)

1. Corporation Name
THE CONDOMINIUMS OF INDIAN HARBOR 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 32937-0713
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/15/1972	3a. Date of Last Report 02/16/1996	4. FEI Number 59-1483721	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent ANNIS, ROBERT B. 402 SCHOOL RD 47 INDIAN HARBOR BEACH FL 32937				10. Name and Address of Current Registered Agent	
Note New Address				81 Name	Robert B. Annis
				82 Street Address (P.O. Box Number is Not Acceptable)	290 Paradise Blvd.#53
				83	Indianlantic, Fl. 32903
				84 City	FL 85 Zip Code

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 *R. B. Annis* DATE: 1/13/97

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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	BD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, PRIME	2.2 NAME	
STREET ADDRESS	412 SCHOOL RD, #85	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BCH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	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	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNIS, ROBERT B.	4.2 NAME	Annis, Robert B.
STREET ADDRESS	402 SCHOOL RD, APT #47	4.3 STREET ADDRESS	290 Paradise Blvd.#53
CITY-ST-ZIP	INDIAN HRBOUR BCH FL	4.4 CITY-ST-ZIP	Indianlantic, Fl. 32903
TITLE	BD <input type="checkbox"/> DELETE	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 HARBOR BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *L. Ruth Ashby* DATE: 1/13/97 407-777-1979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0019652

CR2E037 (9/96)