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Secretary of State

04-20-1999 90215 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723414

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/15/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1483721
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent ANNIS, ROBERT B. 290 PRADISE BLVD #53 INDIALANTIC FL 32903	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
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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* Robert B. Annis April 14, 1999
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ASHBY, RUTH	1.1 TITLE	
NAME	415 SCHOOL RD., APT. #65	1.2 NAME	
STREET ADDRESS	INDIAN HRBOUR BCH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE BD	WILLIAM, PRIME	2.1 TITLE	
NAME	412 SCHOOL RD, #85	2.2 NAME	
STREET ADDRESS	INDIAN HARBOUR BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	SMITH, DONALD W.	3.1 TITLE	
NAME	403 SCHOOL ROAD #62	3.2 NAME	
STREET ADDRESS	INDIAN HRBOUR BCH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VD	ANNIS, ROBERT B.	4.1 TITLE	
NAME	290 PARADISE BLVD #53	4.2 NAME	
STREET ADDRESS	INDIALANTIC FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE BD	MOREHEAD, LINDA	5.1 TITLE	
NAME	403 SCHOOL ROAD APT. #64	5.2 NAME	
STREET ADDRESS	INDIAN HARBOUR BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Ruth Ashby* RUTH ASHBY April 14, 1999 407-777-1979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)