FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 26 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723414

1. Corporation Name
The Condominiums Of Indian Harbour Association, Inc.

Principal Place of Business / Mailing Address
School Rd. And Cheyenne Blvd. Indian Harbour
P. O. Box 372713
Satellite Beach, Florida 32937-7713

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 — Applied For / Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
ANNIS, ROBERT B.
290 PARADISE BLVD. #53
INDIALANTIC, FLORIDA 32903

10. Name and Address of New Registered Agent
81 Name: PRIME, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable): 412 SCHOOL ROAD #85
83
84 City: INDIAN HARBOUR BEACH FL — 85 Zip Code: 32937

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: X William Prime — William Prime (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) — DATE: 7/24/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	D ☐ Change ☒ Addition
NAME	NICODEMUS, ROSE MARIE	1.2 NAME	NORBURY, WILLIAM
STREET ADDRESS	403 SCHOOL ROAD #61 32937	1.3 STREET ADDRESS	417 SCHOOL ROAD #79
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FLORIDA	1.4 CITY-ST-ZIP	INDIAN HARBOUR BEACH,FL. 32937
TITLE	VD ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	DEE, EVA	2.2 NAME	XXXXXXXXXXXXXX
STREET ADDRESS	401 SCHOOL ROAD #8	2.3 STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXX Delete
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL. 3293	2.4 CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLLIER,THOMAS G.	3.2 NAME	
STREET ADDRESS	1055 CHEYENNE BLVD. #14	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH,FL.32937	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DONALD W.	4.2 NAME	400002950104- --2
STREET ADDRESS	403 SCHOOL ROAD #62	4.3 STREET ADDRESS	-08/27/99--01004--002
CITY-ST-ZIP	INDIAN HARBOUR BEACH,FL,32937	4.4 CITY-ST-ZIP	*****26.25 *****26.25
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DOHERTY, JACK	5.2 NAME	
STREET ADDRESS	404 SCHOOL ROAD #49	5.3 STREET ADDRESS	LFJ 8-27-99
CITY-ST-ZIP	INDIAN HARBOUR BEACH,FL.32937	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PRIME, WILLIAM	6.2 NAME	400002950104- --2
STREET ADDRESS	412 SCHOOL ROAD #85	6.3 STREET ADDRESS	-08/04/99--01049--007
CITY-ST-ZIP	INDIAN HARBOUR BEACH,FL.32937	6.4 CITY-ST-ZIP	*****35.00 *****35.00

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: Rose Marie Nicodemus — Rose Marie Nicodemus (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) — Date: 7-29-99 — Daytime Phone: 407-777-1419

CR2E037 (11/98)