

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90155 033 ****61.25

DOCUMENT # 723414

1. Entity Name

THE CONDOMINIUMS OF INDIAN HARBOUR ASSOCIATION,

Principal Place of Business

Mailing Address

SCHOOL RD. & CHEYENNE BLVD. INDIAN HARBOUR
 POST OFFICE BOX 372713
 SATELLITE BEACH, FL 32937-7713

SCHOOL RD. & CHEYENNE BLVD. INDIAN HARBOUR
 POST OFFICE BOX 372713
 SATELLITE BEACH FL 32937-0713

638318



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1483721

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRIME, WILLIAM
412 SCHOOL ROAD, #85
INDIAN HARBOUR BEACH FL 32937

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

William Prime

William Prime

April 10, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **NICODEMUS, ROSE NARUE (Rose Marie)**
 STREET ADDRESS **403 SCHOOL ROAD, #61**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **DEE, EVA**
 STREET ADDRESS **401 SCHOOL ROAD, #8**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **VD** Change Addition
 NAME **Norbury, William**
 STREET ADDRESS **417 School road #79**
 CITY-ST-ZIP **Indian Harbour Beach, Fla. 32937**

TITLE **SD** Delete
 NAME **COLLIER, THOMAS G.**
 STREET ADDRESS **1055 CHEYENNE BLVD., #14**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SMITH, DONALD W.**
 STREET ADDRESS **403 SCHOOL ROAD, #62**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DOHERTY, JACK**
 STREET ADDRESS **404 SCHOOL ROAD, #49**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **D** Change Addition
 NAME **Reardon, patrick**
 STREET ADDRESS **404 School Road #51**
 CITY-ST-ZIP **Indian Harbour Beach, FLA. 32937**

TITLE **D** Delete
 NAME **PRIME, WILLIAM**
 STREET ADDRESS **412 SCHOOL ROAD, #85**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH FL 32937**

TITLE **D** Change Addition
 NAME **Sabo, Thelma**
 STREET ADDRESS **414 School Road #96**
 CITY-ST-ZIP **Indian Harbour Beach, Fla. 32937**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rose Marie Nicodemus
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose Marie Nicodemus

407-777-1419

Date **April 10, 2000** Daytime Phone #

CR2E037 (9/99)