

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

0030185

**DOCUMENT # 723414**

1. Entity Name

**THE CONDOMINIUMS OF INDIAN HARBOUR ASSOCIATION.**

04-11-2001 90057 039 \*\*\*\*61.25

Principal Place of Business SCHL RD. & CHEYENNE BLVD. IND HARBOUR POST OFFICE BOX 372713 SATELLITE BEACH FL 32937-7713	Mailing Address SCHL RD. & CHEYENNE BLVD. IND HARBOUR POST OFFICE BOX 372713 SATELLITE BEACH FL 32937-7713
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DUPLICATE



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	<b>FL</b>	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 9, 2001  
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 NAME	PD NICODEMUS, ROSE MARIE (Rose Marie)	<input type="checkbox"/> Delete
STREET ADDRESS	403 SCHOOL ROAD, #61	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE NAME	VD NORBURY, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	417 SCHOOL ROAD # 79	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE NAME	SD COLLIER, THOMAS G.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1055 CHEYENNE BLVD., #14	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE NAME	TD SMITH, DONALD W.	<input type="checkbox"/> Delete
STREET ADDRESS	403 SCHOOL ROAD, #62	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE NAME	D REARDON, PATRICK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	404 SCHOOL ROAD, #49	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE NAME	D SABO, THELMA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	412 SCHOOL ROAD, #85	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD Prime, William	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	412 School Road, #85	
CITY-ST-ZIP	Indian Harbour Beach, Fla. 32937	
TITLE NAME	SD Sabo, Thelma	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	414 School Road #96	
CITY-ST-ZIP	Indian Harbour Beach, Fla. 32937	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Rodriguez, Manuel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	415 School Road, #69	
CITY-ST-ZIP	Indian Harbour Beach, Fla. 32937	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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* **Rose Marie Nicodemus** 4/9/01 407-777-1419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/00)