


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90365 050 \*\*\*\*61.25

DOCUMENT # 723414			
1. Entity Name THE CONDOMINIUMS OF INDIAN HARBOUR ASSOCIATION, INC.			
Principal Place of Business SCHL RD. & CHEYENNE BLVD. IND HARBO POST OFFICE BOX 372713 SATELLITE BEACH FL 32937-7713		Mailing Address SCHL RD. & CHEYENNE BLVD. IND HARBO POST OFFICE BOX 372713 SATELLITE BEACH FL 32937-7713	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  SKINNER, B. GORDON 414 SCHOOL RD. #93 INDIAN HARBOR BEACH FL 32937		7. Name and Address of New Registered Agent Name <u>DONALD W. SMITH</u> Street Address (P.O. Box Number is Not Acceptable) <u>403 SCHOOL RD #62</u> City <u>INDIAN HARBOUR BEACH</u> FL Zip Code <u>32937</u>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Donald W. Smith</u>		SIGNATURE <u>DONALD W. SMITH</u> DATE <u>4-27-04</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, RUTH	NAME	
STREET ADDRESS	415 SCHOOL RD., #65	STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, BURL	NAME	BRUCE KINARD
STREET ADDRESS	1047 SMALL CT., #37	STREET ADDRESS	417 SCHOOL RD. #76
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL. 32937
TITLE	B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLICK, ARNA	NAME	
STREET ADDRESS	415 SCHOOL RD 65	STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR FL 32937	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKINNER, GORDAN B	NAME	ANTHONY CASANO
STREET ADDRESS	414 SCHOOL RD., #93	STREET ADDRESS	1055 CHEYENNE BLVD. #10
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL. 32937
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THELMO, SABO	NAME	CAMILLE BAKER
STREET ADDRESS	414 SCHOOL RD. 96	STREET ADDRESS	1057 SMALL CT. #19
CITY-ST-ZIP	INDIAN HARBOUR FL 32937	CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>[Signature]</u>		DATE: <u>4-27-04</u> DAYTIME PHONE #: <u>321-777-1979</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	