

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90422 045 ****61.25

DOCUMENT # 723414			
1. Entity Name THE CONDOMINIUMS OF INDIAN HARBOUR ASSOCIATION, INC.			
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	
2. Principal Place of Business		3. Mailing Address 1980 N Atlantic Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 701	
City & State		City & State Cocoa Beach, FL	
Zip	Country	Zip	Country
		32920	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, DONALD W 403 SCHOOL RD #62 INDIAN HARBOUR BEACH, FL 32937		Name: <u>Petey Davis</u> Street Address (P.O. Box Number is Not Acceptable): <u>1980 N Atlantic Av, Suite 701</u> City: <u>Cocoa Beach</u> FL Zip Code: <u>32920</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>Petey Davis</u>		SIGNATURE: <u>Petey Davis</u> DATE: <u>4/27/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME: ASHBY, RUTH STREET ADDRESS: 415 SCHOOL RD., #65 CITY-ST-ZIP: INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Mildred Ulrich STREET ADDRESS: 1045 Cheyenne Blvd. # 30 CITY-ST-ZIP: Indian Harbour Beach, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DIDLER, JEROME STREET ADDRESS: 401 SCHOOL RD #5 CITY-ST-ZIP: INDIAN HARBOUR BEACH, FL 32937	<input type="checkbox"/> Delete	TITLE: VD NAME: DIDLER, Jerry STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: B NAME: HOLLICK, ARNA STREET ADDRESS: 415 SCHOOL RD 65 CITY-ST-ZIP: INDIAN HARBOUR, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE: SB NAME: Dunning, Margaret STREET ADDRESS: 403 School Rd # 63 CITY-ST-ZIP: Indian Harbour Beach FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: BAKER, CAMILLE STREET ADDRESS: 1057 SMALL CT. #19 CITY-ST-ZIP: INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: RITCHEN, Carl STREET ADDRESS: 412 School Rd # 88 CITY-ST-ZIP: Indian Harbour Beach, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: KINARD, BRUCE STREET ADDRESS: 417 SCHOOL RD #76 CITY-ST-ZIP: INDIAN HARBOUR BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Moran, Tom STREET ADDRESS: 1047 Small ct #33 CITY-ST-ZIP: Indian Harbour Beach, FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Lanzone, Fran STREET ADDRESS: 414 School Rd CITY-ST-ZIP: Indian Harbour Beach, FL 32937	<input type="checkbox"/> Delete	TITLE: D NAME: Boecassini Serge STREET ADDRESS: 402 School Rd # 48 CITY-ST-ZIP: Indian Harbour Beach FL 32937	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Mildred Ulrich</u>		SIGNATURE: <u>Mildred Ulrich</u> DATE: <u>26 April 2006</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # <u>(321) 784-2091</u>	