
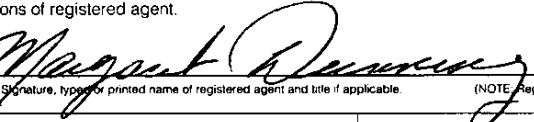



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90168 028 ****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 1980 N ATLANTIC AVE STE 701 CAPE CANAVERAL, FL 32920	
2. Principal Place of Business - No P.O. Box # 412 SCHOOL RD.		3. Mailing Address 412 SCHOOL RD.	
Suite, Apt. #, etc. SUITE A.		Suite, Apt. #, etc. SUITE A.	
City & State INDIAN HBR BCH, FL.		City & State INDIAN HBR. BCH., FL.	
Zip 32937		Country FLORIDA	
Zip 32937		Country FLORIDA	
4. FEI Number 59-1483721		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, PETEY 1980 N ATLANTIC AVE STE 701 CAPE CANAVERAL, FL 32920		7. Name and Address of New Registered Agent Name MARGARET DUNNING Street Address (P.O. Box Number is Not Acceptable) 406 SCHOOL RD #57 City INDIAN HBR. BCH. FL Zip Code 32937	
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 		MARGARET DUNNING 4-22-07	
Filing Fee is \$61.25 Due by May 1, 2007		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	ULRICH, MILDRED <input checked="" type="checkbox"/> Delete	TITLE PD	L. RUTH ASHBY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1045 CHEYENNE BLVD 30	STREET ADDRESS	415 SCHOOL RD #65
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	INDIAN HBR BCH, FL. 32937
TITLE VD	DIDLER, JERRY <input checked="" type="checkbox"/> Delete	TITLE VD	Wm. NOBURY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	401 SCHOOL RD #5	STREET ADDRESS	417 SCHOOL RD #79
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937	CITY-ST-ZIP	INDIAN HBR BCH, FL 32937
TITLE SD	DUNNING, MARGARET <input checked="" type="checkbox"/> Delete	TITLE SD	LINDA MOREHEAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	403 SCHOOL RD 63	STREET ADDRESS	403 SCHOOL RD #64
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	INDIAN HBR BCH, FL 32937
TITLE D	RITCHEN, CARL <input checked="" type="checkbox"/> Delete	TITLE TD	MARY ROBERTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	412 SCHOOL RD 88	STREET ADDRESS	44 SCHOOL RD #96
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	INDIAN HBR BCH, FL. 32937
TITLE D	MORAN, TOM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1047 SMELL CT 33	STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	
TITLE D	BAECASSINI, SERGE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	402 SCHOOL RD 48	STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	CITY-ST-ZIP	
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: 		L. RUTH ASHBY, PRESIDENT 4/22/07 777-1979	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	