2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Name

THE CONDOMINIUMS OF INDIAN HARBOUR ASSOCIATION, INC.



ASSOCIA	ATION, INC.				TIS!					
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 CAPE CANAVERAL, FL 3292						- I 1881 1881 1888 1888 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884				
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Suite, Apt. #, etc.			Suite, Apt. #, etc. SuiTE A			04112007 Chg-NP CR2E037 (12/06)				
City & Stat	e , , ,	City & Sta	te ,	2		4. FEI Number 59-1483721			Applied For	
LNDIAN Zip	HBR BCH, FL.	LND/A~	HBR. 13	Country	·	5. Certificate of State	in Desired	□ \$8.75	Not Applicable Additional	
32937	6. Name and Address of Currer	3293		BREVAR	b	7. Name and Addre		Fee Rec	quired	
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	LANTIC AVE STE 701 NAVERAL, FL 32920			400	5	O. Box Number is No	P #	<u>57 </u>		
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				City エムの	.a., F	HBR. BCH			Code +937	
	named entity submits this statement	for the purpose of	changing its re	egistered office o						
the obligat	tions of registered agent.					_			į	
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SIGNATURE	Signature, typegor printed name of registered age	ant and title if applicable.	(NOTE: A	Registered Agent signal	lure required v			DATE		
SIGNATURE	<i>'</i>	1	-1			when reinstating)		DATE	ale to	
SIGNATURE	Signature, hyperfor printed name of registered age Filling Fee is \$61.25 Due by May 1, 2007	9.	-1	aign Financing			Ma	DATE ke check payat a Department		
SIGNATURE	Filing Fee is \$61.25	9.	Election Camp	aign Financing	;	\$5.00 May Be	Ma Floric	da Department o	of State	
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PROPERTY PROPERTY DELLE DESIGNATION PROPERTY PROPER