

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 753103 (1)

1. Corporation Name

INDIALANTIC VILLAS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1145 N SHANNON AVE  
P O BOX 3035  
INDIALANTIC FL 32903

1145 N SHANNON AVE  
P O BOX 3035  
INDIALANTIC FL 32903

3. Date Incorporated or Qualified 06/25/1980  
3a. Date of Last Report 05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2356421		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

STACK, STELLA  
420 SECOND AVE  
MELBOURNE BEACH FL 32951

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	b/s
NAME	ROTONDO, FULVIO	1.2 NAME	Smith Janet
STREET ADDRESS	1145 N.SHANNON #28	1.3 STREET ADDRESS	1145 N. Shannon #37
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	Indialantic FL 32903
TITLE	SD	2.1 TITLE	D
NAME	WILLIAMS, GLADYS	2.2 NAME	Eliassen Nancy
STREET ADDRESS	1145 N SHANNON AVE #47	2.3 STREET ADDRESS	1145 N Shannon # 19
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	Indialantic FL 32903
TITLE	PD	3.1 TITLE	
NAME	DISHER, RUTH	3.2 NAME	
STREET ADDRESS	330 ORMOND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	MCDANIEL, DALE	4.2 NAME	
STREET ADDRESS	1145 NO SHANNON AVE, # 33	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	XIT, D
NAME	BUTZ, RUTH	5.2 NAME	
STREET ADDRESS	1145 NO SHANNON AVE, # 36	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ruth L. Butz RUTH L. BUTZ

4/12/96 407-723-2485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)