

**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: 1145 N SHANNON AVE, P O BOX 3035, INDIALANTIC FL 32903  
Mailing Address: 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  
4. FEI Number: 59-2356421  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

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

CR2E037 (12/95)