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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 1145 N SHANNON AVE
P O BOX 3035 P O BOX 3035
INDIALANTIC FL 32903 INDIALANTIC FL 32903-3039

3. Date Incorporated or Qualified 06/25/1980 3a. Date of Last Report 04/18/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2356421 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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

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
Name ~~Stack, Stella~~ MARRS, Kevin G.
B2 Street Address (P.O. Box Number is Not Acceptable) 3128 Lake Washington Rd. #170
B3
B4 City Melbourne FL 85 Zip Code 32935

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 Kevin G. Marrs DATE 2/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS NAME SMITH, JANET STREET ADDRESS 1145 N. SHANNON #37 CITY-ST-ZIP INDIALANTIC FL	<input checked="" type="checkbox"/> DELETE	TITLE D 1.2 NAME BUTLER, LAURA 1.3 STREET ADDRESS 1145 N. Shannon Ave. #10 1.4 CITY-ST-ZIP India lantic, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ELIASSEN, NANCY STREET ADDRESS 1145 N SHANNON #19 CITY-ST-ZIP INDIALANTIC FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME DISHER, RUTH STREET ADDRESS 330 ORMOND AVE. CITY-ST-ZIP INDIALANTIC FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MCDANIEL, DALE STREET ADDRESS 1145 NORTH SHANNON AVENUE #33 CITY-ST-ZIP INDIALANTIC FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BUTZ, RUTH STREET ADDRESS 1145 NORTH SHANNON AVENUE #36 CITY-ST-ZIP INDIALANTIC FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Rotondo, Fulvio 5.3 STREET ADDRESS 1145 N. Shannon Ave. #28 5.4 CITY-ST-ZIP India lantic, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Mcdaniel DATE 2/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018601

CFR2E037 (9/96)