FILE NOW: FILING FEE IS \$61.25

NONPROFIT Mar 24 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1) 753103 INDIALANTIC VILLAS ASSOCIATION, INC. Principal Place of Business Mailing Address 1145 N SHANNON AVE 1145 N SHANNON AVE 3. Date Incorporated or Qualified P O BOX 3035 P O BOX 3035 06/25/1980 INDIALANTIC FL 32903 INDIALANTIC FL 32903 4. FEI Number Applied For 59-2356421 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? CONDO ASSOC, TYOS X NO 28 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Country Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARRS KEVIN G 82 Street Address (P.O. Box Number is Not Acceptable) 3128 LAKE WASHINGTON RD B. MELBOURNE FL 32935 R4 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, lyped or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. D-VD DELETE Change ☐ Addition TITLE 11 TITLE ٧Ď **BUTLER LAURA** 1.2 NAME NAME 1145 N SHANNON AVE 10 STREET ADDRESS 1.3 STREET ADDRESS INDIALANTIC FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE ELIASSEN, NANCY 2.2 NAME NAME 1145 N SHANNON #19 2.3 STREET ADDRESS STREET ADDRESS INDIALANTIC FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE PO TO 3.1 TITLE TD DISHER, RUTH 3.2 NAME NAME 330 ORMOND AVE STREET ADDRESS 3.3 STREET ADDRESS INDIALANTIC FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE D MCDANIEL, DALE 4 2 NAME NAME 1145 NORTH SHANNON AVENUE #33 4.3 STREET ADDRESS STREET ADDRESS INDIALANTIC FL 4.4 CITY - ST - ZIP CITY - ST - ZIP ■ DELETE Change Addition TITLE 5.1 TITLE **ROTONDO FULVIO** NAME 5.2 NAME 1145 N SHANNON AVE 28 STREET ADDRESS 5.3 STREET ADDRESS INDIALANTIC FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE Ruth Butz 1145 N. Snannon Ave. #36

6.2 NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

I 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 attactiment with an address.

GNATURE:

FILED