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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 753103

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



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21	Suite, Apt. #, etc.	26	06/25/1980
22	City & State	27	4. FEI Number 59-2356421
23	Zip	28	Applied For Not Applicable
24	Country	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25		30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MARRS KEVIN G
 3128 LAKE WASHINGTON RD
 170
 MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	TD
NAME	BUTLER LAURA	1.2 NAME	Lauricella, Salvatore
STREET ADDRESS	1145 N SHANNON AVE 10	1.3 STREET ADDRESS	725 Atlantic Dr
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	Satellite Beach FL 32937
TITLE	D	2.1 TITLE	0
NAME	ELIASSEN, NANCY	2.2 NAME	Human, Veronica
STREET ADDRESS	1145 N SHANNON #19	2.3 STREET ADDRESS	1145 W. Shannon Ave # 38
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	Indialantic FL 32903
TITLE	TD	3.1 TITLE	0
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	D	4.1 TITLE	0
NAME	MCDANIEL, DALE	4.2 NAME	Zamojeig, Boni
STREET ADDRESS	1145 NORTH SHANNON AVENUE #33	4.3 STREET ADDRESS	1145 W. Shannon Ave # 32
CITY-ST-ZIP	INDIALANTIC FL	4.4 CITY-ST-ZIP	Indialantic FL 32903
TITLE	D	5.1 TITLE	SD
NAME	ROTONDO FULVIO	5.2 NAME	Copolla, Lynn
STREET ADDRESS	1145 N SHANNON AVE 28	5.3 STREET ADDRESS	1145 N. Shannon Ave #15
CITY-ST-ZIP	INDIALANTIC FL	5.4 CITY-ST-ZIP	Indialantic FL 32903
TITLE	PD	6.1 TITLE	
NAME	BUTZ, RUTH	6.2 NAME	
STREET ADDRESS	1145 N SHANNON AVE, #36	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	6.4 CITY-ST-ZIP	

14. 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 attachment with an address, with all other like empowered.

SIGNATURE:

Ruth Butz President 4/10/99 407-723-2485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98