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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

06/25/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2356421

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARRS KEVIN G  
3128 LAKE WASHINGTON RD  
170  
MELBOURNE FL 32935

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME BUTLER LAURA  
STREET ADDRESS 1145 N SHANNON AVE 10  
CITY-ST-ZIP INDIALANTIC FL

1.1 TITLE  Change  Addition  
1.2 NAME TD Lauricella, Salvatore  
1.3 STREET ADDRESS 725 Atlantic Dr  
1.4 CITY-ST-ZIP Satellite Beach FL 32937

TITLE D  
NAME ELIASSEN, NANCY  
STREET ADDRESS 1145 N SHANNON #19  
CITY-ST-ZIP INDIALANTIC FL

2.1 TITLE  DELETED  
2.2 NAME D Human, Veronica  
2.3 STREET ADDRESS 1145 W. Shannon Ave # 38  
2.4 CITY-ST-ZIP Indialantic FL 32903

TITLE TD  
NAME DISHER, RUTH  
STREET ADDRESS 330 ORMOND AVE.  
CITY-ST-ZIP INDIALANTIC FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME MCDANIEL, DALE  
STREET ADDRESS 1145 NORTH SHANNON AVENUE #33  
CITY-ST-ZIP INDIALANTIC FL

4.1 TITLE  DELETED  
4.2 NAME D Zamojein, Roni  
4.3 STREET ADDRESS 1145 W. Shannon Ave # 32  
4.4 CITY-ST-ZIP Indialantic FL 32903

TITLE D  
NAME ROTONDO FULVIO  
STREET ADDRESS 1145 N SHANNON AVE 28  
CITY-ST-ZIP INDIALANTIC FL

5.1 TITLE  DELETED  
5.2 NAME D Copolla, Lynn  
5.3 STREET ADDRESS 1145 N. Shannon Ave #15  
5.4 CITY-ST-ZIP Indialantic FL 32903

TITLE PD  
NAME BUTZ, RUTH  
STREET ADDRESS 1145 N SHANNON AVE, #36  
CITY-ST-ZIP INDIALANTIC FL 32903

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, 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