2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 753103 May 11, 2000 8:00 am 1. Entity Name Secretary of State INDIALANTIC VILLAS ASSOCIATION, INC. 05-11-2000 90297 005 ****61.25 Principal Place of Business Mailing Address 1145 N SHANNON AVE 1145 N SHANNON AVE P O BOX 3035 P O BOX 3035 INDIALANTIC FL 32903-3039 INDIALANTIC FL 32903 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2356421 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MARRS KEVIN G 3128 LAKE WASHINGTON RD City Zip Code MELBOURNE FL 32935 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PRESIDENT - D ---Change Change Addition Delete TITLE TITLE SUE DINCAN-THE N. SHANON - BLVD #35 NAME NAME **BUTLER LAURA** STREET ADDRESS STREET ADDRESS 1145 N SHANNON AVE 10 Indialantic FL 32903 CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL **Addition** Jecretory- D Change ☐ Delete TITLE TITLE TD NAME Jeff Baker SALVATORE, LAUICELLA NAME 1145 Di Semon Blut -#-10-STREET ADDRESS STREET ADDRESS 725 ATLANTIC DR. CITY-ST-ZIP CITY-ST-ZIP Indialantic Hill SATELLITE BCH FL 32937 X Delete TITLE Director Addition "Change" TITLE W.K. Buigreen NAME NAME disher, Ruth 145 N Shinnon Blud. #19 STREET ADDRESS STREET ADDRESS 330 ORMOND AVE. CITY-ST-ZIP Indialantic Willas CITY-ST-7IP INDIALANTIC FL JUE PRESIDENT - D 💢 Change Addition TITLE Delete TITLE ZAMOJCIN, RONI NAME NAME ZAMOJEIN, RONI 1145 N. Shannon Blud # 32 STREET ADDRESS STREET ADDRESS 1145 N. SHANNON AVE E32 CITY-ST-ZIP CITY-ST-ZIP India Gutic INDIALANTIC FL 32903 Disector at large ☐ Change 🔽 Addition 🔀 Delete TITLE Jean whealin NAME NAME COPOLLA, LYNN 1145 N. Shannon STREET ADDRESS STREET ADDRESS 1145 N. SHANNON AVE #15 CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Change Addition TITLE PD Delete TITLE NAME NAME BUTZ, RUTH STREET ADDRESS STREET ADDRESS 1145 N SHANNON AVE, #36 CITY-ST-ZIP INDIALANTIC FL 32903 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attachment with an address, with all other like empowered.