


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90131 049 ****61.25

DOCUMENT # 753103

1. Entity Name
INDIALANTIC VILLAS ASSOCIATION, INC.



Principal Place of Business
 PO BOX 3035
 P O BOX 3035
 INDIALANTIC, FL 32903


Mailing Address
 PO BOX 3035
 P O BOX 3035
 INDIALANTIC, FL 32903

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

14015902



02092005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2356421

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

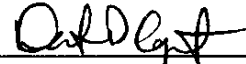
6. Name and Address of Current Registered Agent

DERRICK REAL ESTATE GROUP INC
1901 S. HARBOUR CITY BLVD STE 600
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name: **Space Coast Property Mgmt of Brevard Inc.**
 Street Address (P.O. Box Number is Not Acceptable): **1617 Cooling Ave**
Melbourne **32935**
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4-13-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUNCAN, SUE 1145 N. SHANNON AVE., #35 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAYNE, DOROTHY 1145 SHANNON AVE #44 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONLON, DON 1145 SHANNON AVE #28 INDIALANTIC, FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JEAN 1145 SHANNON AVE #43 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONSTINOS, ANN 1145 SHANNON AVE #1 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBERI, JOHN 1145 SHANNON AVE #36 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Steve Whitlock 1145 N. Shannon Ave #1 Indialantic	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Harry Constantinos 1145 N. Shannon Ave #1 Indialantic FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. Catherine Reed 1145 N. Shannon Ave #31 Indialantic FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.T. Jerry Kozcawski 1145 N. Shannon Ave #16 Indialantic FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Steve Whitlock 1145 N. Shannon Ave Indialantic FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:  DATE: **4/20/05** DAYTIME PHONE #: **321-225-3805**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR