


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90035 003 ****61.25

DOCUMENT # 753103			
1. Entity Name INDIALANTIC VILLAS ASSOCIATION, INC.			
Principal Place of Business SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC CT., SUITE 104 MELBOURNE, FL 32940		Mailing Address SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC CT., SUITE 104 MELBOURNE, FL 32940	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042008		Chg-NP	CR2E037 (12/06)
4. FEI Number 59-2356421		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPACE COAST PROPERTY MGMT OF BREVARD, INC SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC CT., SUITE 104 MELBOURNE, FL 32940		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____	
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITLOCK, STEVE 164 DELAND AVE INDIALANTIC, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CONSTANTINOS, HARRY 1145 N SHANNON AVE, #1 INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Jerry Kozlowoski <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1145 N. Shannon Ave #16 Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONLON, DON 1145 SHANNON AVE #28 INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REED, CATHERINE 1145 N SHANNON AVE, #31 INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Josh Dottino <input type="checkbox"/> Change <input type="checkbox"/> Addition 1145 N. Shannon Ave #32 Indialantic, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOZLOWOSKI, JERRY 1145 N SHANNON AVE, #16 INDIALANTIC, FL 32903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kim Grimes <input type="checkbox"/> Change <input type="checkbox"/> Addition 1145 N. Shannon Ave # 15 Indialantic, FL 32903
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			