

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **768416** (0)

1. Corporation Name

INDEPENDENCE BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/P SUMMIT PROPERTY MANAGEMENT INC
P.O. BOX 189013
PLANTATION FL 33318C/P SUMMIT PROPERTY MANAGEMENT INC
P.O. BOX 189013
PLANTATION FL 33318-90133. Date Incorporated or Qualified
05/12/19833a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2333774

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROPERTY MANAGEMNET, INC
~~6000 W. SUNRISE BLVD~~
~~SUITE 200~~
~~SUNRISE FL 33315~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4460 W. Sunrise Blvd, C-100

83

84 City

Plantation**FL**

85

Zip Code

33318

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	VP	<input type="checkbox"/> DELETE
NAME	VANUCCHI, JOE	
STREET ADDRESS	809 CONGRESSIONAL WAY	
CITY-ST-ZIP	POMPAHO BEACH FL	

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTMAN, RICHARD	
STREET ADDRESS	4 COLUMBIA CT.	
CITY-ST-ZIP	POMPAHO BCH FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MELONE, SYLVESTER	
STREET ADDRESS	13 CAPITOL CT.	
CITY-ST-ZIP	POMPAHO BCH FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SUMMERS, HELEN	
STREET ADDRESS	133 CENTENNIAL CT.	
CITY-ST-ZIP	POMPAHO BEACH FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRANK SOLTES	
STREET ADDRESS	612 CONGRESSIONAL WAY	
CITY-ST-ZIP	POMPAHO BEACH FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036755

Sylvester A. Melone
President
Sylvester A. Melone

1/13/97
904-428-6379