

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1996 08:00 AM
Secretary of State

DOCUMENT # N35633 (9)

1. Corporation Name

**INDIAN OAKS HOME OWNERS ASSOCIATION OF ROCKLEDGE
INCORPORATED**

Principal Place of Business

Mailing Address

**1331 WILDWOOD WAY
ROCKLEDGE FL 32955-4445
US**

**P.O. BOX 561012
ROCKLEDGE FL 32956-1012
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1989		3a. Date of Last Report 04/24/1995	
21 1330 Wildwood Way Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2987247		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Rockledge, FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32955		25 Country USA		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**O'CONNELL, HARRY L.
1384 PHEASANT RUN
ROCKLEDGE FL 32955**

81 Name	Edward F. Cwikla
82 Street Address (P.O. Box Number is Not Acceptable)	1330 Wildwood Way
83	
84 City	Rockledge
85 Zip Code	FL 32955

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 **Edward F. Cwikla, President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

March 15, 1996

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CWIKLA, EDWARD	1.2 NAME	Harry L. O'Connell
STREET ADDRESS	1330 WILDWOOD WAY	1.3 STREET ADDRESS	1384 Pheasant Run
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BARBARA	2.2 NAME	Alexander Hughes
STREET ADDRESS	1333 RABBIT RUN	2.3 STREET ADDRESS	1388 Feather Sound
CITY-ST-ZIP	ROCKLEDGE FL	2.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNELL, HARRY L.	3.2 NAME	Vivian Harris
STREET ADDRESS	1384 PHEASANT RUN	3.3 STREET ADDRESS	1401 Eagle Trace
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHALL, SAM	4.2 NAME	Nettie Poorman
STREET ADDRESS	1355 DEER TRAIL	4.3 STREET ADDRESS	1382 Feather Sound
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, VIVIAN	5.2 NAME	Edward F. Cwikla
STREET ADDRESS	1401 EAGLE TRACE	5.3 STREET ADDRESS	1330 Wildwood Way
CITY-ST-ZIP	ROCKLEDGE FL	5.4 CITY-ST-ZIP	Rockledge, FL 32955
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMPHERE, KAY	6.2 NAME	Frank Luzzi, Jr.
STREET ADDRESS	1387 FEATHER SOUND	6.3 STREET ADDRESS	1354 Wildwood Way
CITY-ST-ZIP	ROCKLEDGE FL	6.4 CITY-ST-ZIP	Rockledge, FL 32955

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward F. Cwikla, President 3/15/96 (407) 632-3255

Date

Daytime Phone #

CR2E037 (12/95)