

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

DOCUMENT # N45605 (5)

1. Corporation Name

INDIAN COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**314 WIND RUSH BOULEVARD
UNIT 9
INDIAN ROCKS BEACH FL 34635
US**

Mailing Address
**314 WIND RUSH BOULEVARD
UNIT 9
INDIAN ROCKS BEACH FL 34635
US**

3. Date Incorporated or Qualified
10/14/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
Unit 13

2a. Mailing Address
26 Suite, Apt. #, etc.
Unit 13

22 City & State
27 City & State

23 Zip
28 Zip

24 Country
29 Country

25 Country
30 Country

4. FEI Number
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
**MALHOTRA, SURJIT K
314/316 WIND RUSH BLVD.
UNIT 9
INDIAN ROCKS BEACH FL 34635**

10. Name and Address of New Registered Agent
81 Name **CORINNE J. BISHOP**
82 Street Address (P.O. Box Number is Not Acceptable)
314 WINDRUSH BLVD
83 Unit **13**
84 City **INDIAN ROCKS BEACH FL** **85** Zip Code **34635**

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]* **3-3-96**
Signature, typed or printed name of registered agent and title, if applicable. (NOT: Registered Agent signature required when incorporating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALHOTRA, SURJIT K	
STREET ADDRESS	314 WIND RUSH BOULEVARD, UNIT 9	
CITY - ST - ZIP	INDIAN ROCKS BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KETCHUM, BONNIE	
STREET ADDRESS	314 WIND RUSH BOULEVARD, UNIT 1	
CITY - ST - ZIP	INDIAN ROCKS BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HEINDEL, KIETH	
STREET ADDRESS	314 WIND RUSH BOULEVARD, UNIT 10	
CITY - ST - ZIP	INDIAN ROCKS BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALHOTRA, RAJ. K	
STREET ADDRESS	3042 HARVEST MOON DRIVE	
CITY - ST - ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUKHERJEE, DR. D. K.	
STREET ADDRESS	9025 BAYWOOD PARK DRIVE	
CITY - ST - ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	CORINNE BISHOP	
33 STREET ADDRESS	314 WINDRUSH BLVD, Unit 13	
34 CITY - ST - ZIP	INDIAN ROCKS Bch, FL, 34635	
41 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	CAROL WEIDANZ	
43 STREET ADDRESS	314 WINDRUSH BLVD, Unit 10	
44 CITY - ST - ZIP	INDIAN ROCKS BEACH, FL, 34635	
51 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ALEXANDRA ADAMS	
53 STREET ADDRESS	314 WINDRUSH BLVD, Unit 6	
54 CITY - ST - ZIP	INDIAN ROCKS Bch, FL, 34635	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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]* **3-3-96** **813-573-4665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)