

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753103

**Entity Name:** INDIALANTIC VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

928 E NEW HAVEN AVE  
MELBOURNE, FL 32901

**Current Mailing Address:**

928 E NEW HAVEN AVE  
MELBOURNE, FL 32901 US

**FEI Number:** 59-2356421

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPACE COAST PROPERTY MGMT OF BREVARD, INC  
928 E NEW HAVEN AVE  
MELBOURNE, FL 32901 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title VP  
Name MATTA, APRIL  
Address 928 E NEW HAVEN AVE  
City-State-Zip: MELBOURNE FL 32901

Title PRESIDENT  
Name ENGLISH, ANTHONY  
Address 928 E NEW HAVEN AVE  
City-State-Zip: MELBOURNE FL 32901

Title TREASURER  
Name DOYLE, WILLIE  
Address 928 E NEW HAVEN AVE  
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY  
Name BREDER, LEAH  
Address 928 E NEW HAVEN AVE  
City-State-Zip: MELBOURNE FL 32901

Title DAL  
Name ASHLEY, PAULA  
Address 928 E NEW HAVEN AVE  
City-State-Zip: MELBOURNE FL 32901

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIE DOYLE

**TREASURER**

**04/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date