FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **708314** **(0)**

1. Corporation Name

HOME OWNERS ASSOCIATION OF INDIAN HARBOUR BEACH, INC.

Principal Place of Business	Mailing Address
P.O. BOX 372561 INDIAN HARBOUR BEACH FL 32937	P.O. BOX 372561 INDIAN HARBOUR BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1964
3a. Date of Last Report: 04/07/1994
4. FEI Number: NOT APPLICABLE — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

FERRARA, ANTHONY J
520 BAHAMA DR
INDIAN HARBOR BCH FL 32937

10. Name and Address of New Registered Agent

81 Name: SHRUM CARMEN C.
82 Street Address (P.O. Box Number is Not Acceptable): 318 EUTAW COURT
83:
84 City: INDIAN HARBOUR BCH FL 85 Zip Code: 32937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Carmen C. Shrum, CARMEN C. SHRUM, SECRETARY 4/26/95
(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	P	11 TITLE	P ☒ Change ☐ Addition
NAME	ROTHAMEL, WILLIAM P	12 NAME	AUSTIN, STEVE
STREET ADDRESS	527 BAHAMA DR	13 STREET ADDRESS	1010 PINE TREE DR
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	14 CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	NEWBERRY, GENE	22 NAME	BOSTATER, SARAH
STREET ADDRESS	949 FLOTILLA CLUB DR	23 STREET ADDRESS	110 CAT CAY LN
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	24 CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	STANFORD, VERNON	32 NAME	FERRARA, ANTHONY J.
STREET ADDRESS	112 CAT CAY LANE	33 STREET ADDRESS	520 BAHAMA DR
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	34 CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937
TITLE	S	41 TITLE	S ☒ Change ☐ Addition
NAME	FERRARA, ANTHONY J	42 NAME	SHRUM, CARMEN C.
STREET ADDRESS	520 BAHAMA DR	43 STREET ADDRESS	318 EUTAW COURT
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	44 CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	NEMETH, JOHN	52 NAME	ROTHAMEL, WILLIAM P
STREET ADDRESS	1001 FLOTILLA CLUB DRIVE	53 STREET ADDRESS	527 BAHAMA DR
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL	54 CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937
TITLE	T	61 TITLE	T ☒ Change ☐ Addition
NAME	ROTHAMEL, CHRYSTAL	62 NAME	OAKLEY, BETH
STREET ADDRESS	527 BAHAMA DR	63 STREET ADDRESS	515 BAHAMA DR
CITY-ST-ZIP	INDIAN HARBOUR BCH FL	64 CITY-ST-ZIP	INDIAN HARBOUR BCH FL 32937

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)(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 on an attachment with an address.

SIGNATURE: Carmen C. Shrum 4/24/95 407-773-1610
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARMEN C. SHRUM, SEC.

0036009