

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 # 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

700001820377
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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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/30/1964

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

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

BETH OAKLEY

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

515 BAHAMA DR.

83

INDIAN HARBOUR BEACH

84 City

FL

85 Zip Code

32937

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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

Sarah S. Bostater SARAH S. BOSTATER, TREASURER

4/8/96

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	ROTHAMEL, WILLIAM P	527 BAHAMA DR	INDIAN HARBOUR BCH FL	<input type="checkbox"/>
V	NEWBERRY, GENE	949 FLOTILLA CLUB DR	INDIAN HARBOUR BCH FL	<input type="checkbox"/>
D	STANFORD, VERNON	112 CAT CAY LANE	INDIAN HARBOUR BEACH FL	<input type="checkbox"/>
S	FERRARA, ANTHONY J	520 BAHAMA DR	INDIAN HARBOUR BCH FL	<input type="checkbox"/>
D	NEMETH, JOHN	1001 FLOTILLA CLUB DRIVE	INDIAN HARBOUR BEACH FL	<input type="checkbox"/>
T	ROTHAMEL, CHRYSTAL	527 BAHAMA DR	INDIAN HARBOUR BCH FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	P OAKLEY, BETH	515 BAHAMA DR.	INDIAN HARBOUR BCH, FL. 32937	<input type="checkbox"/>
2.1 TITLE	VP	SHRUM, CARMEN C	318 EUTAU CT.	<input type="checkbox"/>
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE	S	HOUGE, CAROL	504 ANDROS LANE	<input type="checkbox"/>
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE	T	BOSTATER, SARAH	110 CAT CAY LANE	<input type="checkbox"/>
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE	D	AUSTIN, STEVE	1010 PINE TREE DR	<input type="checkbox"/>
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE	D	ROTHAMEL, WILLIAM P.	527 BAHAMA DR.	<input type="checkbox"/>
6.2 NAME				
6.3 STREET ADDRESS				
6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARAH S. BOSTATER

4/8/96

DATE

407-779-1708

DAYTIME PHONE #

CR2E037 (12/95)