

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.

700001820377
-05/14/96--01060-029
***61.25



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

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 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 **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 617.0508, 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<input checked="" type="checkbox"/> OAKLEY, BETH
1.3 STREET ADDRESS	<input checked="" type="checkbox"/> 515 BAHAMA DR.
1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> INDIAN HARBOUR BCH, FL. 32937
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<input checked="" type="checkbox"/> SARAH S. BOSTATER SHRUM, CARMEN C
2.3 STREET ADDRESS	<input checked="" type="checkbox"/> 318 EUTAU CT.
2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> INDIAN HARBOUR BCH, FL. 32937
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<input checked="" type="checkbox"/> HOUGE, CAROL
3.3 STREET ADDRESS	<input checked="" type="checkbox"/> 504 ANDROS LANE
3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> INDIAN HARBOUR BCH, FL. 32937
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input checked="" type="checkbox"/> BOSTATER, SARAH
4.3 STREET ADDRESS	<input checked="" type="checkbox"/> 110 CAT CAY LANE
4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> INDIAN HARBOUR BCH, FL. 32937
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<input checked="" type="checkbox"/> AUSTIN, STEVE
5.3 STREET ADDRESS	<input checked="" type="checkbox"/> 1010 PINE TREE DR
5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> INDIAN HARBOUR, BCH, FL. 32937
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input checked="" type="checkbox"/> ROTHAMEL, WILLIAM P.
6.3 STREET ADDRESS	<input checked="" type="checkbox"/> 527 BAHAMA DR.
6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> 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)(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: *Sarah S. Bostater* **SARAH S. BOSTATER** **4/8/96** **407-779-1708**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)