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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

12/30/1964

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 372031

26 P.O. BOX 372031

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OAKLEY, BETH  
515 BAHAMA DR  
INDIAN HARBOR BCH FL 32937

81 Name

BOB BRADLEY

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

246 HARBOUR DRIVE E.

83

84 City

INDIAN HARBOUR BEACH FL

85 Zip Code

32937

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

*Bob Bradley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D  
STREET ADDRESS ROTHAMEL, WILLIAM P  
CITY-ST-ZIP 527 BAHAMA DR  
INDIAN HARBOUR BCH FL 32937

TITLE ☐ DELETE

NAME P  
STREET ADDRESS OAKLEY, BETH  
CITY-ST-ZIP 515 BAHAMA DR.  
INDIAN HARBOR BCH. FL 32937

TITLE ☐ DELETE

NAME S  
STREET ADDRESS BRADLEY, ROBERT G  
CITY-ST-ZIP 246 HARBOUR DRIVE E  
INDIAN HARBOUR BCH FL

TITLE ☐ DELETE

NAME VP  
STREET ADDRESS HAYES, NORMAN C  
CITY-ST-ZIP 103 ANONA PLACE  
INDIAN HARBOR BCH FL

TITLE ☐ DELETE

NAME D  
STREET ADDRESS HAYES, MARILYN  
CITY-ST-ZIP 103 ANONA PLACE  
INDIAN HARBOR BCH FL

TITLE ☒ DELETE

NAME D  
STREET ADDRESS AUSTIN, STEVE  
CITY-ST-ZIP 1010 PINE TREE DR.  
INDIAN HARBOUR BCH FL 32937

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR

PRESIDENT

TREASURER  
TRIPP SPRING  
1137 PINE TREE DRIVE  
INDIAN HARBOUR BEACH, FL 32937

14. I hereby certify that the information supplied with this filing 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:

*Bob Bradley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/98

Date

407-777-6470

Daytime Phone #

CR2E037 (10/97)