

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708314

1. Entity Name

HOME OWNERS ASSOCIATION OF INDIAN HARBOUR BEACH,

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90042 038 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 372031
INDIAN HARBOUR BEACH FL 32937
US

P.O. BOX 372031
INDIAN HARBOUR BEACH FL 32937-0031
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADLEY, BOB
246 HARBOUR DR E
INDIAN HARBOR BCH FL 32937

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS OAKLEY, BETH
CITY-ST-ZIP 515 BAHAMA DR.
INDIAN HARBOR BCH. FL 32937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS BRADLEY, ROBERT G
CITY-ST-ZIP 246 HARBOUR DRIVE E
INDIAN HARBOUR BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS SPRING, TRIPP
CITY-ST-ZIP 1127 PINE TREE DR
INDIAN HARBOUR BCH FL 32937

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

4/3/00

321-733-3022

CR2E037 (9/99)