

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 708314**

1. Entity Name

HOME OWNERS ASSOCIATION OF INDIAN HARBOUR BEACH,

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

SAME

3. Mailing Address

SAME

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

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

7. Name and Address of New Registered Agent

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

Bob Bradley

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

(NOTE: Registered Agent signature required when reinstating)

3/30/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROTHAMEL, WILLIAM P
527 BAHAMA DR
INDIAN HARBOUR BCH FL 32937** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OAKLEY, BETH
515 BAHAMA DR.
INDIAN HARBOR BCH. FL 32937** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BRADLEY, ROBERT G
246 HARBOUR DRIVE E
INDIAN HARBOUR BCH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HAYES, NORMAN C
103 ANONA PLACE
INDIAN HARBOR BCH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAYES, MARILYN
103 ANONA PLACE
INDIAN HARBOR BCH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SPRING, TRIPP
1127 PINE TREE DR
INDIAN HARBOUR BCH FL 32937** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Robert G. Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/30/01 320-733-3022**

Date

Daytime Phone #

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90134 019 *****66.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)