

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91033 027 ****61.25

DOCUMENT # 708314

1. Entity Name

HOME OWNERS ASSOCIATION OF INDIAN HARBOUR
BEACH, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T 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

OAKLEY, BETH
515 BAHAMA DR
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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

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

TITLE
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04