2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006
Secretary of State

DOCUMENT# 708314

Entity Name: HOME OWNERS ASSOCIATION OF INDIAN HARBOUR BEACH, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYES, NORM
103 ANONA PLACE
INDIAN HARBOR BCH, FL 32937 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	ROTHAMEL, WILLIAM P	
Address:	527 BAHAMA DR	
City-St-Zip:	INDIAN HARBOUR BCH, FL 32937	
Title:	P	( ) Delete
Name:	HAYES, NORM	
Address:	103 ANONA PLACE	
City-St-Zip:	INDIAN HARBOR BCH., FL 32937	
Title:	V	( ) Delete
Name:	OAKLEY, BETH	
Address:	515 BAHAMA DRIVE	
City-St-Zip:	INDIAN HARBOUR BCH, FL	
Title:	T	( ) Delete
Name:	ROTHAMEL, BARBARA	
Address:	527 BAHAMA DRIVE	
City-St-Zip:	INDIAN HARBOR BCH, FL 32937	
Title:	D	( ) Delete
Name:	HAYES, MARILYN	
Address:	103 ANONA PLACE	
City-St-Zip:	INDIAN HARBOR BCH, FL	
Title:	S	( ) Delete
Name:	GANNATTI, ANTHONY	
Address:	1114 BANANA RIVER DRIVE	
City-St-Zip:	INDIAN HARBOUR BCH, FL 32937	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA K. ROTHAMEL TREA 03/21/2006
Electronic Signature of Signing Officer or Director — Date