
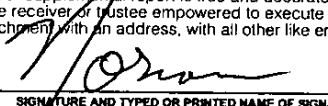


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90005 048 \*\*\*\*61.25

<b>DOCUMENT # 708314</b>					
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		4000000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03162007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAYES, NORM 103 ANONA PLACE 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	ROTHAMEL, WILLIAM P		NAME	Rob Pejar	
STREET ADDRESS	527 BAHAMA DR		STREET ADDRESS	11 Inwood Way	
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937		CITY-ST-ZIP	Indian Harbour Beach FL 32937	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	HAYES, NORM		NAME		
STREET ADDRESS	103 ANONA PLACE		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BCH., FL 32937		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	OAKLEY, BETH		NAME		
STREET ADDRESS	515 BAHAMA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	ROTHAMEL, BARBARA		NAME	Robin Panicola	
STREET ADDRESS	527 BAHAMA DRIVE		STREET ADDRESS	1046 Pinetree dr	
CITY-ST-ZIP	INDIAN HARBOR BCH, FL 32937		CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	HAYES, MARILYN		NAME		
STREET ADDRESS	103 ANONA PLACE		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BCH, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	GANNATTI, ANTHONY		NAME	mimi weident	
STREET ADDRESS	1114 BANANA RIVER DRIVE		STREET ADDRESS	321 NAUTICA CRT	
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32937		CITY-ST-ZIP	Indian Harbour Beach FL 32937	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		3/19/07		321 777 7232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	