2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#723414

FILED Apr 28, 2009 Secretary of State

Entity Name: THE CONDOMINIUMS OF INDIAN HARBOUR ASSOCIATION, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
412 SCHO SUITE A	OOL RD ARBOR BEAC	·U El 22027			
Current N	Mailing Addres	ss:	New Mailing	Address:	
412 SCHO SUITE A INDIAN HA	OOL RD ARBOR BEAC	:H, FL 32937			
FEI Number	: 59-1483721	FEI Number Applied Fo	r () FEI Number Not Applica	ble () Certificate of	Status Desired ()
Name and	d Address of (Current Registered Ag	ent: Name and A	ddress of New Register	red Agent:
406 SCHC	6, MARGARET OOL RD 57 ARBOR BEAC		MOREHEAD, 403 SCHOOL INDIAN HARI		US
	e named entity e of Florida.	submits this statement	for the purpose of changing its	registered office or regist	ered agent, or both,
SIGNATU	RE: LINDA M	IOREHEAD		04/28/	2009
	Electro	nic Signature of Registe	red Agent	Date	!
OFFICER	S AND DIREC	CTORS:	ADDITIONS/	CHANGES TO OFFICER	RS AND DIRECTOR
Title:	PD (-		
Name: Address: City-St-Zip:	STOPKA, BEN 415 SCHOOL		Title: Name: Address: City-St-Zip:	()Change ()Add	dition
Address: City-St-Zip: Title: Name: Address:	STOPKA, BEN 415 SCHOOL I INDIAN HARBO VD (MOURITSEN, I 24870 BRAND	RD APT 69 DR BEACH, FL 32937) Delete PAUL	Name: Address:	()Change ()Add	
Address:	STOPKA, BEN 415 SCHOOL I INDIAN HARBO VD (MOURITSEN, I 24870 BRAND INDIAN HARBO SD (WUEST, LESL 402 SCHOOL I	RD APT 69 DR BEACH, FL 32937) Delete PAUL YWINE LN DUR BEACH, FL 32937) Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Shame: Shaddress: 4		dition

I hereby certify that the information supplied with this filing does not qualify 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: GREG COLLIER TD 04/28/2009