

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723414

FILED  
Mar 28, 2010  
Secretary of State

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

**Current Principal Place of Business:**

412 SCHOOL RD  
SUITE A  
INDIAN HARBOR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

412 SCHOOL RD  
SUITE A  
INDIAN HARBOR BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 59-1483721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOREHEAD, LINDA  
403 SCHOOL RD 64  
INDIAN HARBOR BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

MOREHEAD, LINDA RA  
403 SCHOOL RD 64  
INDIAN HARBOR BEACH, FL 32937 US

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: LINDA MOREHEAD

03/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STOPKA, BEN  
Address: 415 SCHOOL RD APT 69  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937 US

Title: VD  
Name: MOURITSEN, PAUL  
Address: 24870 BRANDYWINE LN  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: SD  
Name: CALAMARI, JULIAN  
Address: 404 SCHOOL RD APT 49  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937 US

Title: TD  
Name: COLLIER, GREG  
Address: 1055 CHEYENNE BLVD APT 14  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937 US

Title: D  
Name: BRADDICK, EDWARD  
Address: 406 SCHOOL RD APT 58  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937 US

Title: D  
Name: DIDIER, JEROME  
Address: 404 SCHOOL RD APT 53  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937 US

I hereby 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 all other like empowered.

SIGNATURE: STOPKA, BEN

PD

03/28/2010

Electronic Signature of Signing Officer or Director

Date