

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

*** CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 13 AM 11:09

DOCUMENT # 729273 (3)

1. Corporation Name

INDIALANTIC HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 33335
INDIALANTIC FL 32903

Mailing Address

P.O. BOX 33335
INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1974

3a. Date of Last Report

03/25/1994

4. FBI Number

23-7410529

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75

Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00

May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status ☐

\$68.75

Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032;

Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GRAY, RICHARD A
909 S. RAMONA AVENUE
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
IRELAND, RICHARD M.
307 PALM CT
INDIALANTIC, FL 00000

VP
CREIGHTON, JOSEPH
1601 S. MIRAMAR AVENUE
INDIALANTIC FL 32903

D
JACOBS, AL
415 WAYNE AVENUE
INDIALANTIC FL 32903

T
GRAY, R.A.
909 S. RAMONA AVENUE
INDIALANTIC FL 32903-3434

P
ANDREW, CAROL
908 S. RAMONA AVENUE
INDIALANTIC FL 32903

D
SLEDD, ROSALYN
1001 S. RAMONA AVE.
INDIALANTIC, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Gray

Date

Daytime (Area #)

Feb. 23, 95 (407) 724-5595