

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
04/04/1974

3a. Date of Last Report
03/13/1995

4. FEI Number
23-7410529

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	IRELAND, RICHARD M.			1.2 NAME	Adele Gonzales		
STREET ADDRESS	307 PALM CT			1.3 STREET ADDRESS	700 Wavecrest Ave		
CITY-ST-ZIP	INDIALANTIC, FL 00000			1.4 CITY-ST-ZIP	Indialantic, FL. 32903		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLUE, DOROTHY J			2.2 NAME	Rose Benevente		
STREET ADDRESS	216 12TH TERRACE			2.3 STREET ADDRESS	427 Oakland Ave.		
CITY-ST-ZIP	INDIALANTIC FL			2.4 CITY-ST-ZIP	Indialantic, FL. 32903		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAYLOR, DIANE			3.2 NAME	Madeline Jacobs		
STREET ADDRESS	420 2ND AVENUE			3.3 STREET ADDRESS	415 Wayne Avenue		
CITY-ST-ZIP	INDIALANTIC FL			3.4 CITY-ST-ZIP	Indialantic, FL. 32903		
TITLE	President	<input type="checkbox"/> DELETE		4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRAY, R.A.			4.2 NAME	Ruby Baker		
STREET ADDRESS	909 S. RAMONA AVENUE			4.3 STREET ADDRESS	1515 S. Miramar Ave.		
CITY-ST-ZIP	INDIALANTIC FL 32903-3434			4.4 CITY-ST-ZIP	Indialantic, FL. 32903		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DISHER, RAYMOND J			5.2 NAME	George Gergora		
STREET ADDRESS	330 ORMOND AVENUE			5.3 STREET ADDRESS	316 Deland Ave.		
CITY-ST-ZIP	INDIALANTIC FL			5.4 CITY-ST-ZIP	Indialantic, FL. 32903		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLEDD, ROSALYN			6.2 NAME			
STREET ADDRESS	1001 S. RAMONA AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	INDIALANTIC, FL 00000			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard A. Gray Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard A. Gray, Pres.

January 17, 96
Date

(407) 724-5595
Daytime Phone #

CR2E037 (12/95)