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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

P.O. BOX 33335
INDIALANTIC FL 32903

P.O. BOX 33335
INDIALANTIC FL 32903-0335



3. Date Incorporated or Qualified
04/04/1974

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Adela Gonzalez

82

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

700 Wavecrest Ave., #201

83

84

City

Indialantic

FL

85

Zip Code

32903

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

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

Adela Y. Gonzalez

(NOTE: Registered Agent signature required when reinstating)

01/14/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GONZALES, ADELE	
STREET ADDRESS	700 WAVECREST AVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLUE, DOROTHY J	
STREET ADDRESS	216 12TH TERRACE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, MADELINE	
STREET ADDRESS	415 WAYNE AVE.	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, R.A.	
STREET ADDRESS	909 S. RAMONA AVENUE	
CITY-ST-ZIP	INDIALANTIC FL 32903-3434	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DISHER, RAYMOND J	
STREET ADDRESS	330 ORMOND AVENUE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENEVENTE, ROSE	
STREET ADDRESS	427 OAKLAND AVE.	
CITY-ST-ZIP	INDIALANTIC FL	

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nancee Hay	
1.3 STREET ADDRESS	136 Tenth Ave.	
1.4 CITY-ST-ZIP	Indialantic, FL 32903	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jennie Blackmore	
2.3 STREET ADDRESS	224 Miami Ave.	
2.4 CITY-ST-ZIP	Indialantie, FL 32903	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marjorie Agen	
3.3 STREET ADDRESS	132 Tampa Ave.	
3.4 CITY-ST-ZIP	Indialantie, FL 32903	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	John Allen	
4.3 STREET ADDRESS	1302 S. Ramona Ave.	
4.4 CITY-ST-ZIP	Indialantie, FL 32903	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	George Gergora	
5.3 STREET ADDRESS	316 Deland Ave	
5.4 CITY-ST-ZIP	Indialantie, FL 32903	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ruby Baker	
6.3 STREET ADDRESS	1515 S. Miramar Ave.	
6.4 CITY-ST-ZIP	Indialantie, FL 32903	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Adela Y. Gonzalez
14 January 1997 H07 725 8662

CR2E037 (9/96)