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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, ADELA
700 WAVECREST AVE #201
INDIALANTIC FL 32903

81 Name **JOHN W. ALLEN**

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

1302 S. RAMONA AVE.

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

John W. Allen
Signature typed or printed name of registered agent and title if applicable.

JOHN W. ALLEN

1/18/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **HAY, NANCEE**
STREET ADDRESS **136 TENTH AVE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **D** ☐ DELETE

NAME **BLACKMORE, JENNIE**
STREET ADDRESS **224 MIAMI AVE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **S** ☒ DELETE

NAME **AGEN, MARJORIE**
STREET ADDRESS **132 TAMPA AVE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **D** ☒ DELETE

NAME **ALLEN, JOHN**
STREET ADDRESS **1302 S RAMONA AVE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **D** ☐ DELETE

NAME **DISHER, RAYMOND J**
STREET ADDRESS **330 ORMOND AVENUE**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **T** ☒ DELETE

NAME **BENEVENTE, ROSE**
STREET ADDRESS **427 OAKLAND AVE.**
CITY-ST-ZIP **INDIALANTIC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ST KATHLEEN SMELTZER
1309 S. RAMONA AVE
INDIALANTIC, FL 32903

D GEORGE GERGORA
316 DELAND AVE
INDIALANTIC, FL 32903

D RUBY BAKER
1515 S. MIRAMAR AVE
INDIALANTIC, FL 32903

S NANCY JOSEPH
215 DELAND AVE
INDIALANTIC, FL

14. I 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:

Kathleen Smeltzer
Signature typed or printed name of signing officer or director

1/20/98

407-724-1292

CR2E037 (10/97)