

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90078 012 ****61.25

DOCUMENT # 729273

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/04/1974

4. FEI 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

9. Name and Address of Current Registered Agent

ALLEN, JOHN W
1302 S ROMANA AVE
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 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

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 T ☐ DELETE
NAME SMELTZER, KATHLEEN
STREET ADDRESS 1309 S ROMANA AVE
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D ☐ DELETE
NAME GERGORA, GEORGE
STREET ADDRESS 316 DELAND AVE
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D ☒ DELETE
NAME DISHER, RAYMOND J
STREET ADDRESS 330 ORMOND AVENUE
CITY-ST-ZIP INDIALANTIC FL

TITLE D ☒ DELETE
NAME BAKER, RUBY
STREET ADDRESS 1515 S MIRAMAR AVE
CITY-ST-ZIP INDIALANTIC FL 32093

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME HAY, NANCEE
1.3 STREET ADDRESS 136 TENTH AVE
1.4 CITY-ST-ZIP INDIALANTIC, FL

2.1 TITLE SECRETARY ☐ Change ☒ Addition
2.2 NAME JOSEPH, NANCY
2.3 STREET ADDRESS 215 DE LAND AVE
2.4 CITY-ST-ZIP INDIALANTIC, FL

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 VICE PRESIDENT ☐ Change ☒ Addition
5.2 NAME DISHER, RUTH
5.3 STREET ADDRESS 330 ORMOND AVE
5.4 CITY-ST-ZIP INDIALANTIC, FL

6.1 TITLE DIRECTOR ☐ Change ☒ Addition
6.2 NAME GONZALEZ, ADELA
6.3 STREET ADDRESS 700 WAVECREST #201
6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/22/99

407/952-7975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)