

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

0026812

DOCUMENT # 729273

1. Entity Name

INDIALANTIC HOMEOWNERS ASSOCIATION, INC.

02-12-2001 90218 001 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 33335
 INDIALANTIC FL 32903

P.O. BOX 33335
 INDIALANTIC FL 32903

C0019950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7410529

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, JOHN W
1302 S ROMANA AVE
INDIANLANTIC FL 32903

Name **George Rassweiler**

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

City **Indialantic**

FL

Zip Code **32903**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **George Rassweiler** **George RASSWEILER, TREAS.** **8 Feb 01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
 NAME **HAY, NANCEE**
 STREET ADDRESS **136 TENTH AVE**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☒ Change ☐ Addition
 NAME **OK**

TITLE **P** ☐ Delete
 NAME **ANDREN, CAROL**
 STREET ADDRESS **906 S. RAMONA**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **S** ☒ Change ☐ Addition
 NAME **→ same**

TITLE **T** ☐ Delete
 NAME **RASSWEILER, GEORGE**
 STREET ADDRESS **231 DELAND AVE**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ Addition
 NAME

TITLE **S** ☒ Delete
 NAME **DEMETRIADES, LYNN**
 STREET ADDRESS **1100 S. RIVERSIDE DR**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Change ☒ Addition
 NAME **Frank Hoffman**
 STREET ADDRESS **216 Chalet**
 CITY-ST-ZIP **Indialantic FL 32903**

TITLE **D** ☐ Delete
 NAME **LABRUTTE, MATT**
 STREET ADDRESS **310 MELBOURNE AVE**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **P** ☐ Change ☒ Addition
 NAME **Jean Miller**
 STREET ADDRESS **328 Deland Ave**
 CITY-ST-ZIP **Indialantic FL 32903**

TITLE **D** ☐ Delete
 NAME **WARNER, JOYCE A**
 STREET ADDRESS **131 THIRTEENTH AVE**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **P** ☒ Change ☐ Addition
 NAME **→ same**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George Rassweiler** **George RASSWEILER** **8 Feb 01** **723-8364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)