

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90309 037 ****61.25

DOCUMENT # 729273

1. Entity 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

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

ROSSWEILER, GEORGE
231 DELAND AVE
INDIALANTIC FL 32903

Name

Young Marie

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

410 Oakland Avenue

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

MARIE YOUNG Treasurer Marie Young

26 Jan 02

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 | <input type="checkbox"/> Delete |
| NAME | HAY, NANCEE | |
| STREET ADDRESS | 136 TENTH AVE | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | ANDREN, CAROL | |
| STREET ADDRESS | 906 S. RAMONA | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | RASSWEILER, GEORGE | |
| STREET ADDRESS | 231 DELAND AVE | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOFFMAN, FRANK | |
| STREET ADDRESS | 216 CHALET | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LABRUTTE, MATT | |
| STREET ADDRESS | 310 MELBOURNE AVE | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MILLER, JEAN | |
| STREET ADDRESS | 328 DELAND AVE | |
| CITY-ST-ZIP | INDIALANTIC FL 32903 | |

| | | |
|----------------|----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAY, NANCEE | |
| STREET ADDRESS | 136 Tenth Ave | |
| CITY-ST-ZIP | Indialantic FL 32903 | |
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joyce Warner Joyce | |
| STREET ADDRESS | 131 Thirteenth Ave | |
| CITY-ST-ZIP | Indialantic FL 32903 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rossweiler, George | |
| STREET ADDRESS | 231 De Land Ave | |
| CITY-ST-ZIP | Indialantic FL 32903 | |
| TITLE | Young, Marie | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 410 Oakland Ave | |
| STREET ADDRESS | Indialantic FL 32903 | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Labrutte Matt | |
| STREET ADDRESS | 310 Melbourne Ave | |
| CITY-ST-ZIP | Indialantic FL 32903 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Wilson Diane | |
| STREET ADDRESS | 300 Tenth Terrace | |
| CITY-ST-ZIP | Indialantic FL 32903 | |

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:

Joyce A. Warner JOYCE A. WARNER

26 Feb 02

(321) 722-4408

CR2E037 (9/01)

Attachment & Doc# 729273

Additions

D

336063

Mauter Keith
107 Trade Winds Terrace
Indianapolis FL 32903

D

Disher Ruth
330 Armond Ave
Indianapolis FL 32903