

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90092 049 \*\*\*\*61.25

**DOCUMENT # 729273**

1. Entity 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

**94053602**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122004

Chg-NP

CR2E037 (10/03)

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

**GEORGE RASEWEILER**  
**231 DELAND AVE.**  
**INDIALANTIC, FL 32903**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*George Rasseweiler, Treasurer*

*April 13, 2004*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**MACNEILL, JOHN B**  
**1320 S. RIVERSIDE DR.**  
**INDIALANTIC, FL 32903** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MANTER, KEITH**  
**107 TRADEWINDS TERR.**  
**INDIALANTIC, FL 32903** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**Ruth-Dister**  
**330. Ormond Ave**  
**Indialantic, FL 32903** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**GORDON, DONNA**  
**406 ORMOND AVE.**  
**INDIALANTIC, FL 32903** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**GERGORA, GEORGE**  
**316 DELAND AVE.**  
**INDIALANTIC, FL 32903** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**Wilson, Diane**  
**300 10th Terrace**  
**Indialantic, FL 32903** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ULLMER, CINDY**  
**201 DELAND AVE.**  
**INDIALANTIC, FL 32903** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Rasseweiler, Treasurer April 13, 2004 321-723-8364*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Note Neither Form nor postcard notice received this year. No notice.*