


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

02-09-2005 90033 040 ****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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7410529	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 - 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. I am familiar with, and accept the obligations of registered agent. <i>Not reqd, same agent as last year</i>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAY, NANCEE		NAME	} same (as in Box 6)	
STREET ADDRESS	136 TENTH AVE		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACNEILL, JOHN B		NAME	} same	
STREET ADDRESS	1320 S. RIVERSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DISHER, RUTH		NAME	STRAND, LOREN	
STREET ADDRESS	330 ORMOND AVE.		STREET ADDRESS	120 ORMOND AVE	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, DONNA		NAME	} same	
STREET ADDRESS	406 ORMOND AVE.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, DIANE		NAME	Rassweiler George	
STREET ADDRESS	300 10TH TERR		STREET ADDRESS	231 Deland Ave.	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLMER, CINDY		NAME		
STREET ADDRESS	201 DELAND AVE.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>George Rassweiler</i> George RASSWEILER 2 Feb. 05 (321) 723-8364					
Treasurer					

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Change

Signed again: George Rassweiler, George RASSWEILER 4 Mar. 05 (321) 728-8364