

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90221 021 \*\*\*\*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 ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, MARIE  
410 OAKLAND AVENUE  
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.

SIGNATURE

*George Rassweiler*

**23 Jan 03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete            |
| NAME           | <b>HAY, NANCEE</b>          |                                            |
| STREET ADDRESS | <b>136 TENTH AVE</b>        |                                            |
| CITY-ST-ZIP    | <b>INDIALANTIC FL 32903</b> |                                            |
| TITLE          | <b>P</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WARNER, JOYCE</b>        |                                            |
| STREET ADDRESS | <b>131 THIRTEENTH AVE</b>   |                                            |
| CITY-ST-ZIP    | <b>INDIALANTIC FL 32903</b> |                                            |
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>RASSWEILER, GEORGE</b>   |                                            |
| STREET ADDRESS | <b>231 DELAND AVE</b>       |                                            |
| CITY-ST-ZIP    | <b>INDIALANTIC FL 32903</b> |                                            |
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HOFFMAN, FRANK</b>       |                                            |
| STREET ADDRESS | <b>216 CHALET</b>           |                                            |
| CITY-ST-ZIP    | <b>INDIALANTIC FL 32903</b> |                                            |
| TITLE          | <b>V</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>LABRUTTE, MATT</b>       |                                            |
| STREET ADDRESS | <b>310 MELBOURNE AVE</b>    |                                            |
| CITY-ST-ZIP    | <b>INDIALANTIC FL 32903</b> |                                            |
| TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MILLER, JEAN</b>         |                                            |
| STREET ADDRESS | <b>328 DELAND AVE</b>       |                                            |
| CITY-ST-ZIP    | <b>INDIALANTIC FL 32903</b> |                                            |

|                |                              |                                                                                         |
|----------------|------------------------------|-----------------------------------------------------------------------------------------|
| TITLE          | <b>V</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>Same</b>                  |                                                                                         |
| STREET ADDRESS | <b>Same</b>                  |                                                                                         |
| CITY-ST-ZIP    | <b>Same</b>                  |                                                                                         |
| TITLE          | <b>P</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | <b>John B. MacNeill</b>      |                                                                                         |
| STREET ADDRESS | <b>1320 S. Riverside Dr</b>  |                                                                                         |
| CITY-ST-ZIP    | <b>Indialantic, FL 32903</b> |                                                                                         |
| TITLE          | <b>D</b>                     | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Keith Mauter</b>          |                                                                                         |
| STREET ADDRESS | <b>107 Tradewinds Terr.</b>  |                                                                                         |
| CITY-ST-ZIP    | <b>Indialantic FL 32903</b>  |                                                                                         |
| TITLE          | <b>S</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | <b>Donna Gordon</b>          |                                                                                         |
| STREET ADDRESS | <b>406 Ormond Ave</b>        |                                                                                         |
| CITY-ST-ZIP    | <b>Indialantic FL 32903</b>  |                                                                                         |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | <b>George Gergora</b>        |                                                                                         |
| STREET ADDRESS | <b>316 Deland Ave</b>        |                                                                                         |
| CITY-ST-ZIP    | <b>Indialantic FL 32903</b>  |                                                                                         |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | <b>Cindy Ullmer</b>          |                                                                                         |
| STREET ADDRESS | <b>201 Deland Ave</b>        |                                                                                         |
| CITY-ST-ZIP    | <b>Indialantic FL 32903</b>  |                                                                                         |

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* Treasurer **23 Jan 03 (321) 723 8364**

CR2E037 (10/02)