

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90020 012 ****61.25

DOCUMENT # 736782 1. Entity Name INDIES ISLAND CONDOMINIUM, INC.					
Principal Place of Business 1129 PEBBLE BEACH LANE DUCK KEY, FL 33050			Mailing Address 1129 PEBBLE BEACH LANE DUCK KEY, FL 33050		
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 59-2696729		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		
GREENMAN, FRANKLIN D. 5800 OVERSEAS HWY, SUITE 40 MARATHON, FL 33050			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD WHITNEY, WILLIAM 1129 PEBBLE BEACH LANE, UNIT 1 DUCK KEY, FL 33050 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONROE, LAURA 1129 PEBBLE BEACH LANE DUCK KEY, FL 33050 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bruce O'Tode 1129 Pebble Beach Lane Duck Key FL 33050 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, BRIAN P.O. BOX 500891 MARATHON, FL 33050 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TYSON, KAREN 7955 SHARLE DR. MARATHON, FL 33050 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7955 Shark Dr. ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, DEWEY 452 LONGVIEW DR GENEVA, IL 60134 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, ERIC 1129 PEBBLE BEACH LANE DUCK KEY, FL 33050 ☒ 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: <i>Karen Tyson</i> Karen Tyson <i>1/20/05 305-481-4437</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					