

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753103

1. Entity Name

INDIALANTIC VILLAS ASSOCIATION, INC.

Principal Place of Business

1145 N SHANNON AVE
P O BOX 3035
INDIALANTIC FL 32903

Mailing Address

1145 N SHANNON AVE
P O BOX 3035
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

59-2356421

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

MARRS KEVIN G
3128 LAKE WASHINGTON RD
170
MELBOURNE FL 32935

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.

SIGNATURE

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 NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER LAURA 1145 N SHANNON AVE 10 INDIALANTIC FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SALVATORE, LAUCIELLA 725 ATLANTIC DR. SATELLITE BCH FL 32937	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISHER, RUTH 330 ORMOND AVE. INDIALANTIC FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMOJEIN, RONI 1145 N. SHANNON AVE E32 INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COPOLLA, LYNN 1145 N. SHANNON AVE #15 INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTZ, RUTH 1145 N SHANNON AVE, #36 INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Duncan, Sue 1145 N. Shannon Ave # 35 Indialantic, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lauricella, Salvatore 725 Atlantic Dr. Satellite Beach FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Zamojein, Roni 1145 N. Shannon Blvd. # 32 Indialantic FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lambert, Jean 1145 N. Shannon Blvd. # 43 Indialantic FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Human, Veronica 1145 N. Shannon Blvd. # 38 Indialantic FL 32903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

RONALD ZAMOJEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 381984-3144
Date Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90086 045 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)