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

DOCUMENT # 753103

1. Entity Name



FILED

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91290 032 ****61.25

INDIALANTIC VILLAS ASSOCIATION, INC. Mailing Address Principal Place of Business 11040000 PO BOX 3035 PO BOX 3035 P O BOX 3035 P O BOX 3035 INDIALANTIC FL 32903 INDIALANTIC FL 32903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2356421 Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPACE COAST PROPERTY MANAGEMENT OF BREVARD Street Address (P.O. Box Number is Not Acceptable) 1617 COOLING AVENUE MELBOURNE FL 32935 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing Ç. **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 13. 11. ☐ Addition DVP TITLE Change ☐ Delete TITLE NAME DUNCAN, SUE NAME STREET ADDRESS STREET ADDRESS 1145 N. SHANNON AVE., #35 CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME SALVATORE, LAUICELLA ---STREET ADDRESS STREET ADDRESS 1145 SHANNON AVE #25 CITY-ST-ZIP CITY-ST-7IP INDIALANTIC FL 32903 Change ☐ Addition Delete TITLE TITLE TD NAME NAME ZAMOJEIN, RONI STREET ADDRESS STREET ADDRESS 1145 N. SHANNON AVE E32 CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 Brandli, Bernade He Change 1145 N. Shannon AVE #13 **₽** Addition TITLE Delete SD NAME NAME LAMBERT, JEAN STREET ADDRESS STREET ADDRESS 1145 N. SHANNON BLVD., #43 INDIALANTIC, FL 32903 CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Addition ☐ Delete TITLE TITLE D NAME, NAME HUMAN, VERONICA STREET ADDRESS STREET ADDRESS 1145 N. SHANNON BLVD., #38 CITY-ST-ZIP CITY-ST-ZIE INDIALANTIC FL 32903 Change ☐ Addition ☐ Delete TITLE TDCONSTINOS, ANN NAME NAME STREET ADDRESS STREET ADDRESS 1145 SHANNON AVE #1 CITY-ST-ZIP CITY-ST-7IP INDIALANTIC FL 32903

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 applications, with all other like empowered.

SIGNATURE

SusaNL Duncan 4/22/03