2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# 753173

Entity Name: INDIAN HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

318-320 WINDRUSH BLVD
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

384 LENTZ ROAD
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

FEI Number: 59-2285174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICKER, SUSAN
318-320 WINDRUSH BLVD
INDIAN ROCKS BEACH, FL 33785 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: KIGGINS, ANTHONY
Address: 384 LENTZ RD.
City-St-Zip: BELLEAIR BLUFFS, FL

Title: P ( ) Delete
Name: RICKER, SUSAN
Address: 318 WINDRUSH BLVD SUITE 6
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VP ( ) Delete
Name: BOULIO, BRIGITIE
Address: 318 WINDRUSH BLVD #5
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD ( ) Delete
Name: BROWN, JAMES M
Address: 320 WINDRUSH BLVD #2
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: KIGGINS, ANTHONY
Address: 384 LENTZ ROAD
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: P (X) Change ( ) Addition
Name: RICKER, SUSAN
Address: 318 WINDRUSH BLVD, #6
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VP (X) Change ( ) Addition
Name: LEVERENZ, DARLENE
Address: 320 WINDRUSH BLVD, #9
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: S (X) Change ( ) Addition
Name: PITZ, LINDA M
Address: 320 WINDRUSH BLVD, #12
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN RICKER P 04/14/2005

Electronic Signature of Signing Officer or Director — Date