

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753173

FILED  
Feb 29, 2012  
Secretary of State

**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:**

318-320 WINDRUSH BLVD  
UNIT 6  
INDIAN ROCKS BEACH, FL 33785

**Current Mailing Address:**

318 WINDRUSH BLVD  
6  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

318 WINDRUSH BLVD  
UNIT 6  
INDIAN ROCKS BEACH, FL 33785

**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 WINDRUSH BLVD  
#6  
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  
Name: KIGGINS, ANTHONY  
Address: 384 LENTZ ROAD  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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

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

Title: S  
Name: SWANMAN, KELLEY  
Address: 320 WINDRUSH BLVD, #7  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby 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 all other like empowered.

SIGNATURE: SUSAN RICKER

PRES

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date