

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759777 (6)

1. Corporation Name

TOWNHOMES OF INDIALANTIC BY-THE-SEA HOMEOWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:48

Principal Place of Business

Mailing Address

% KATHY BROWN
109 ELEVENTH AVE
INDIALANTIC FL 32903

% KATHY BROWN
109 ELEVENTH AVE
INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1981	3a. Date of Last Report 01/28/1994
4. FEI Number 59-2518234	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, THOMAS J
109 ELEVENTH AVE
INDIALANTIC FL 32903

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	MCREE, ROBERT	1.2 NAME	Violet Gurinskas
STREET ADDRESS	105 ELEVENTH	1.3 STREET ADDRESS	1482 Chilean Avenue
CITY - ST - ZIP	INDIALANTIC FL	1.4 CITY - ST - ZIP	Winter Park, FL 32792
TITLE	PD	2.1 TITLE	
NAME	BROWN, THOMAS JAY	2.2 NAME	
STREET ADDRESS	109 ELEVENTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	BROWN, KATHY	3.2 NAME	
STREET ADDRESS	109 ELEVENTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy Brown* KATHY BROWN

1/27/95 407-725-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

0035310