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May 22 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 759777 (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

% KATHY BROWN  
109 ELEVENTH AVE  
INDIALANTIC FL 32903

% KATHY BROWN  
109 ELEVENTH AVE  
INDIALANTIC FL 32903



3. Date Incorporated or Qualified

08/25/1981

4. FEI Number

59-2518234

Applied For

Not Applicable

2. Principal Place of Business

21 David Restarick

22 105 11th Ave

23 Indialantic, FL

24 32903

25 Brevard

2a. Mailing Address

26 David Restarick

27 105 11th Ave

28 Indialantic, FL

29 32903

30 Brevard

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

BROWN, THOMAS J  
109 ELEVENTH AVE  
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name DAVID RESTARICK  
82 Street Address (P.O. Box Number is Not Acceptable) 105 ELEVENTH AVENUE  
83 INDIALANTIC, FL 32903  
84 City FL 85 Zip Code 32903

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD GURINSKAS, VIOLET  
1482 CHILEAN AVENUE  
WINTER PARK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD BROWN, THOMAS JAY  
109 ELEVENTH  
INDIALANTIC FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STD BROWN, KATHY  
109 ELEVENTH  
INDIALANTIC FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PD GURINSKAS, VIOLET  
1482 CHILEAN AVENUE  
WINTER PARK, FL 32792

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

VD GURINSKAS, AL  
1482 CHILEAN AVENUE  
WINTER PARK, FL 32792

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

STD DAY RESTARICK, DAVID  
105 ELEVENTH AVE  
INDIALANTIC, FL 32903

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE DATE

CR2E037 (10/97)