
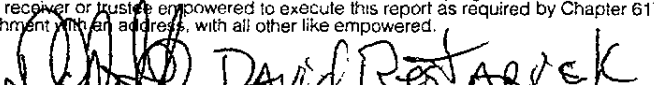


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 759777</b> 1. Entity Name TOWNHOMES OF INDIALANTIC BY-THE-SEA HOMEOWNERS ASSOCIATION, INC.																																																																																																																													
Principal Place of Business DAVID RESTARICK 105 11TH AVENUE INDIALANTIC FL 32903 US			Mailing Address TOWNHOMES OF INDIALANTIC P.O. BOX 4078 INDIALANTIC FL 32903 US																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number <b>59-2518234</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent RESTARICK, DAVID 105 11TH AVENUE INDIALANTIC FL 32903				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				FL Zip Code																																																																																																																									
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																									
<b>Make Check Payable to</b> <b>Florida Department of State</b>																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 65%; padding: 5px;">NAME</td> <td style="width: 20%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">RESTARICK, DAVID</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">U000000081644</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY - ST - ZIP</td> <td style="padding: 5px;">105 11TH AVE. 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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 an address, with all other like empowered.																																																																																																																													
<b>SIGNATURE:</b>  <b>2/25/04</b>																																																																																																																													