

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 763830

1. Entity Name
**INDIAN HARBOUR GARDENS OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**700 PALM SPRINGS BLVD
INDIAN HARBOUR BEACH, FL 32937-2669**

Mailing Address
**700 PALM SPRINGS BLVD
INDIAN HARBOUR BEACH, FL 32937-2669**



01242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2875520

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STASKO, BARBARA
719 PALM SPRINGS CIRCLE
INDIAN HARBOUR BEACH, FL 32937**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STASKO, BARBARA
STREET ADDRESS 719 PALM SPRINGS CIRCLE
CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

TITLE SD
NAME KOFF, NATHAN
STREET ADDRESS 736 PALM SPRINGS CIR
CITY-ST-ZIP INDIAN HARBOUR BCH., FL

TITLE T
NAME SUTHERLAND, JOANNE
STREET ADDRESS 722 PALM SPRINGS CIR.
CITY-ST-ZIP INDIAN HARBOUR BCH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000625458
02/14/07-80076-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joanne Sutherland **JOANNE SUTHERLAND** 2/1/07 321
777-1397