

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 08:00 A
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



1st MOORE

CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

INDIAN HARBOUR GARDENS

Suite, Apt. #, etc.

700 PALM SPRINGS BLVD

City & State

INDIAN HBR. BCH

Zip

32937

Country

BREVARD

3. Mailing Address

700 PALM SPRINGS BLVD

Suite, Apt. #, etc.

City & State

INDIAN HARBOUR BCH

Zip

32937

Country

BREVARD

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Barbara Stasko

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

(NOTE: Pre-registered Agent signature is not required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NO CHANGE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NO CHANGE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP NO CHANGE

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP U000000846439
03/18/08-80028-011 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Barbara Stasko

2/28/08 321-777-0609